



Oxfordshire County Council

# ANNUAL REPORTS

OF THE

COUNTY MEDICAL OFFICER OF HEALTH

AND

PRINCIPAL SCHOOL MEDICAL OFFICER

FOR THE YEAR

1960



OXFORDSHIRE COUNTY COUNCIL

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ANNUAL REPORT  
ON  
COUNTY HEALTH  
SERVICES

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Report of the  
COUNTY MEDICAL OFFICER  
M. J. PLEYDELL  
M.C., M.D., D.P.H.

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1960


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HEALTH DEPARTMENT  
PARK END STREET  
OXFORD

*To the Chairmen and Members of the Health Committee and Education Committee*

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present the annual report for the year 1960.

The vital statistics show how the population of the County has increased by more than 20,000 over the past decade. During this period the number of annual births in the County has risen from 2937 in 1951 to 4055 in 1960 - an increase of nearly 40 per cent. The birth rate of 20.1 is the highest since the post-war years, and compares with the national figure of 17.1. The death rate of 9.7 per 1000 is below the national average of 11.5.

Although there is still a shortage of nurse-midwives in the County, the numbers have increased during the year from 47 to 54. In trying to attract new nurses to the County, the policy of recruitment through training has proved most useful. It is hoped that, by adopting a similar policy for health visitors, it will be possible to make good the present shortage in that department also. In addition, the Committee have approved the policy of attendance at training courses at regular intervals for all district nurses, thus bringing them into line with the health visitors and midwives. These courses are of the greatest value, especially to those nurses who are working under isolated conditions.

Immunisation clinics for vaccination against poliomyelitis have continued uninterrupted throughout the year, at Oxford, Banbury, Henley and Witney.

As mentioned last year, the relative rarity of diphtheria makes it necessary to remind the public repeatedly that immunisation is the only safeguard against its recurrence in epidemic form. Recently, however, isolated outbreaks of the disease have stimulated the demand.

Vaccination against tuberculosis has been shown to give 90 per cent immunity and more than 85 per cent of school leavers avail themselves of the opportunity to be protected. As a further form of attack on this infection, the Mass Miniature Radiography Units serving the County have, this year, undertaken to X-ray all children in whom the skin test indicates contact with someone suffering from the disease.

On 3rd September the new combined ambulance and fire station at Bicester was opened. Future plans envisage new stations at Thame and Kidlington. The steady increase in vehicle mileages is related directly to the increased demand for hospital outpatient attendances. Day hospitals, of necessity, make considerable claims on the service, but after considering details of patients conveyed to the Cowley Road Day Hospital, the Committee were satisfied of the very valuable service this unit is providing.

Considerable developments have been made in the mental health services. At Witney the Junior Training Centre began to operate full time on

7th March and plans are under consideration for providing a sheltered workshop for adults. One form of outwork is already in operation. At Banbury plans have been prepared for both Junior and Senior Training Centres, which it is hoped will be opened next year, together with hostel accommodation nearby. Talks with the Regional Hospital Board regarding the hostel accommodation for female adults at Cumnor Rise have proceeded satisfactorily. Another mental welfare officer is being appointed to cope with the great increase in the work in the community care of patients which has resulted from the implementation of the Mental Health Act.

Two incidents are described under the section dealing with milk, which emphasise that the only safe milk for human consumption is milk which has been heat treated. Tuberculin tested milk comes from herds whose freedom from tuberculous infection is shown by examination at yearly intervals. If infection occurs between these annual examinations, it is possible that infected milk may be sold to the public. As a result of the two incidents described, a close working arrangement has been agreed with the Divisional Veterinary Officer, to minimise the risk as far as possible.

Finally, it is with deep regret that I must report the retirement of Dr Marshall, for health reasons, after serving the County for a period of fourteen years. Her work has been concerned, in the main, with the supervision of handicapped children, and to the parents of these children she has been a friend and counsellor as well as medical adviser. The testimony of her good work is outstandingly evident to those of us who have to take over where she left off.

Once again it gives me pleasure to thank all members of the Health Department staff for their willing help and service throughout the year.

I have the honour to be,

Your obedient servant,

M. J. PLEYDELL

County Medical Officer of Health



COMMITTEES AND STAFF  
MEMBERS OF HEALTH COMMITTEE

Mr F. Wise, *Chairman*

Mr R.C. Surman, *Vice-Chairman*

COUNCIL MEMBERS

+Mr W.G. Bayley	Mr C.H. Hughes	*Mr G.A. Potts
*Mr T.L. Easby	Mrs M.A. Johnson	Mr J.W. Shilson
Brig. F.R.L. Goadby	Major Gen. H.R. Lambert	+Mr R.C. Surman
Capt. G.E.F. Goring-Thomas	The Earl of Macclesfield	Mr R.E. Tarrant
Mr W.P. Gilkes	Mr O.G. Harrison	Dr F.N. White
Mrs M.H. Hichens	The Viscountess Parker	Mr F. Wise
	Mrs W.D. de Pass	

CO-OPTED MEMBERS

<i>Oxfordshire Nursing Federation</i>	<i>The Countess of Macclesfield</i>
<i>Representatives</i>	<i>Mrs J.H. Morrell</i>
<i>Area Executive Council Representative</i>	<i>Dr A.R.H. Williamson</i>
<i>Oxford Regional Hospital Board</i>	<i>The Duchess of Marlborough</i>
<i>Representative</i>	
<i>Oxford University Department of</i>	<i>Dr Alice Stewart</i>
<i>Social Medicine</i>	

+ *Audit Sub-Committee*

\* *Standing Deputies, Audit Sub-Committee*

GENERAL PURPOSES SUB-COMMITTEE

Mr F. Wise, <i>Chairman</i>	Lord Macclesfield
Mr W.G. Bayley	The Duchess of Marlborough
Mrs W.D. de Pass	The Viscountess Parker
Mr T.L. Easby	Mr G.A. Potts
Brig. F.R.L. Goadby	Mr J.W. Shilson
Capt. G.E.F. Goring-Thomas	Mr R.C. Surman
Mr O.G. Harrison	Mr R.E. Tarrant
Mrs M.H. Hichens	Dr F.N. White
Mr C.H. Hughes	

DOMICILIARY SERVICES SUB-COMMITTEE

Mr R.C. Surman, <i>Chairman</i>	Mrs J.H. Morrell
Brig. F.R.L. Goadby	Mr G.A. Potts
Capt. G.E.F. Goring-Thomas	Dr A. Stewart
Mr W.P. Gilkes	Dr F.N. White
Mrs M.A. Johnson	Dr A.R.H. Williamson
Lord Macclesfield	Mr F. Wise
Lady Macclesfield	
The Duchess of Marlborough	

BANBURY DAY NURSERY SUB-COMMITTEE

Mrs M.A. Johnson, <i>Chairman</i>	Mrs E.L. Walklett
Mr W.P. Gilkes	( <i>representing Banbury Borough</i> )

## STAFF

<i>County Medical Officer of Health</i>	Dr M.J. Pleydell, MC, MD, DPH
<i>Deputy County Medical Officer of Health</i>	Dr J.A.G. Watson, MB, BS, DPH (from 11.7.60) Dr I.B. Sutherland, MB, ChB, DPH (resigned 24.4.60)
<i>Assistant County Medical Officer (part-time)</i>	Dr A.J. Campbell, MD, BSc, DPH Barrister-at-Law
<i>Medical Officers of Child Welfare Clinics (part-time)</i>	42 General Practitioners
<i>Consultant Chest Physician (part-time)</i>	Dr N.J. England, MD, DPH
<i>County Superintendent Nursing Officer) Superintendent of Health Visitors ) Non-Medical Supervisor of Midwives )</i>	Miss E. Richards, SRN, SCM, MTD, HVCert, QNS
<i>Supervisor of District Nurses (Assistant Miss A.M. Appleby, SRN, SCM, to County Superintendent Nursing Officer) HVCert, QNS (from 4.1.60)</i>	
<i>Deputy Superintendent of Health Visitors</i>	Miss C.E. Henry, SRN, SCM, MTS, HVCert
<i>Relief Health Visitor and Tuberculosis Liaison Officer</i>	Miss M.A. Williams, SRN, SCM (Part 1), ONC, TA, HVCert
<i>Health Visitor Tutor</i>	Miss B. Cox, SRN, SCM (Part 1), HVCert
<i>Health Visitors/School Nurses</i>	35 (including 5 vacancies)
<i>District Nurse/Midwives</i>	60 (including 9 vacancies)
<i>Chief Dental Officer</i>	Mr J. Rodgers, DFM, LDS, RFPS (from 16.5.60)
<i>Dental Officers</i>	Mr W.G. Griffith-Williams, LDS Mr J.P. Bolte, LDS Mrs L. Stolarow, DAS Mr H.L. Davies, LDS, RCS (from 14.11.60) Mr W.J. Cook, LDS, RCS (part-time)
<i>County Housing Officer</i>	Mr H.G. Bartram, MIPHE
<i>Senior Mental Welfare Officer</i>	Mr H.S. Heady
<i>Mental Welfare Officers</i>	Mr F. Rowley, RMN, ARSH, Social Science Diploma Mrs M.A. Collins, DPA(Oxon) Mr R.C.A. Charlett) Mr A.W. Shepard ) part-time Mr E.B. Holgate ) Mr W.R.H. Beehag )
<i>Home Teacher for Mentally Subnormal Children</i>	Mrs W. Rawson
<i>Occupational Therapists</i>	Miss B.H. Rostance, MAOT Miss R.A. Gardiner, MAOT Miss P.G. Dixon, MAOT
<i>Administrative Assistant</i>	Mr L.C. Bartram

# PART I

## VITAL STATISTICS

### a) GENERAL STATISTICS

Area	470,392 acres
Population (estimated mid-1960) - Total	201,630
Rateable value for whole county (estimated 1st April 1961)	£2,411,883
Estimated product of penny rate for whole county (1960-61)	£9,725

### b) EXTRACTS FROM VITAL STATISTICS FOR THE YEAR

#### *Births*

	M	F	Total	
Live births	2,129	1,926	4,055	
Live birth rate (per 1,000 of estimated population)				20.1 Crude
(national average 17.1)				20.3 Corrected
Stillbirths	33	31	64	
Stillbirth rate per 1,000 total (live and still) births (national average 19.7)				15.5
Total births (live and still)	2,162	1,957	4,119	
Infant deaths	48	34	82	
Infant mortality rate per 1,000 live births (national average 21.7)				20.2
Infant mortality rate per 1,000 live births - legitimate				20.4
illegitimate				16.4
Neo-natal mortality rate (first four weeks) per 1,000 live births				13.5
Illegitimate births (live and still)			190	
Illegitimate births per cent of total live births				4.7
Maternal deaths (including abortion)			Nil	
Maternal mortality rate				Nil

#### *Deaths*

	M	F	Total	
Total deaths	1,053	895	1,948	
Death rate per 1,000 of estimated population				9.7 Crude
(national average 11.5)				10 Corrected
The main causes of death were:				
Heart disease			626	
Cancer			334	
Cerebral vascular disease			302	
Infectious diseases other than tuberculosis			132	
Other circulatory diseases			101	
Motor vehicle accidents			38	
All other accidents			39	
Gastro-intestinal diseases			30	
Tuberculosis			3	



VITAL STATISTICS OF WHOLE COUNTY  
DURING 1960 AND PREVIOUS YEARS

Year	Population estimated to middle of each year	B I R T H S		D E A T H S				
		Number	Rate per 1000 of population	Under 1 year of age		At all ages		
				Number	Rate per 1000 nett births	Number	Rate per 1000 of population	
1	2	3	4	5	6	7	8	
1951	180,800	2,937	16.24	52	17.7	1,958	Crude 10.8	Corrected* 10.15
1952	185,200	3,049	16.46	81	26.5	1,773	9.6	9.46
1953	189,000	3,131	16.56	74	23.6	1,680	8.8	8.71
1954	189,600	3,217	16.96	68	21.1	1,773	9.3	9.16
1955	191,500	3,179	16.6	72	22.6	1,934	10.09	10.09
1956	194,800	3,356	17.2	67	19.9	1,873	9.61	10.09
1957	195,070	3,580	18.35	75	20.9	1,766	9.05	9.50
1958	194,000	3,502	18	61	17.4	1,909	9.8	10.09
1959	200,000	3,784	18.9	75	19.8	1,985	9.9	10.3
1960	201,630	4,055	20.1	82	20.2	1,948	9.7	10

\* A corrected rate having been adjusted for age and sex distribution

RURAL DISTRICTS	Population estimated to middle of 1960	N E T T B I R T H S			N E T T D E A T H S				
		Number	Rates per 1000 of population		Under 1 year of age		At all ages		
			Crude	*Corr- ected	Number	Rate per 1000 nett births	Number	Rates per 1000 of population	
Banbury	15,420	254			6	23.6	183	Crude 11.9	*Corr- ected 10.5
Bullington	41,130	891	21.7	21.4	14	15.7	375	9.1	9.2
Chipping Norton	16,680	287	17.2	18.2	10	34.8	154	9.2	8.8
Henley	21,400	394	18.4	18.6	11	27.9	232	10.8	10.6
Ploughley	29,520	665	22.5	22.5	13	19.5	195	6.6	9.4
Witney	24,210	510	21.1	21.7	13	25.5	212	8.7	9.4
URBAN DISTRICTS									
Banbury	20,030	413	20.6	20.6	8	19.3	225	11.2	11.1
Bicester	5,900	112	19	16.7	1	8.9	48	8.1	10.3
Chipping Norton	4,100	73	17.8	18.7	2	27.4	36	8.8	7.3
Henley	8,740	155	17.7	18.8	3	19.3	137	15.7	11
Thame	3,830	77	20.1	20.5	-	-	35	9.1	8.5
Witney	8,790	190	21.6	20.1	1	5.2	66	7.5	9.2
Woodstock	1,880	34	18.1	18.4	-	-	50	26.6	13.6

\* A corrected rate having been adjusted for age and sex distribution



<i>Cause of death</i>																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
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Urban Districts										Rural Districts										Grand Total M & F
Under 1					Total					Under 1					Total					
M	F	M	F	M	M	F	M	F	M	M	F	M	F	M	F	M	F	M	F	
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PART II

PROVISION OF HEALTH SERVICES UNDER  
THE NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

1) Clinic buildings

Inspection of the clinic buildings has shown that decoration, and in some cases renovation, has been necessary. At Banbury, rearrangement of the accommodation has resulted in improved facilities for distribution of welfare foods. Redecoration of the entrance hall and ground floor rooms, and improvements in the lighting and heating, have had a welcome effect in brightening up the premises.

At Witney, where the accommodation is shared with the Regional Hospital Board, the premises have been decorated and the floors have been improved. Following a meeting between representatives of the Regional Hospital Board and local medical practitioners, it was decided to reserve a plot of land for building a new clinic in the future.

At Bicester, renovations and decorations have been carried out, with considerable improvement.

At Henley, there have been difficulties with condensation in the premises; and the fact that the pram shelter does not function efficiently and is situated at some distance from the clinic, presents considerable disadvantages. This building, which was originally set up as a war-time day nursery in 1942, is not now considered suitable for a health clinic and it is proposed that it should be replaced by a modern clinic with adequate facilities for the local authority's health and dental services.

2) Notification of births

The number of live births notified in the area under Section 203 of the Public Health Act, 1936, as adjusted by transferred notifications, was:

	Male	Female	Total
Legitimate	2111	1877	3988
Illegitimate	12	11	23
Total	2123	1888	4011

Details of notifications are transmitted promptly to health visitors, in order that they can begin visiting after the fourteenth day.

3) Premature births

The number of premature births notified, as adjusted by notifications transferred into or out of the area, was:

	In hospital	At home	In private nursing homes	Total
Premature live births	127	39	67	233
Premature still births	23	1	-	24

TABLE I

Weight at birth	Premature live births												Premature still-births		
	Born in hospital			Born at home and nursed entirely at home			Born at home and transferred to hospital on or before 28th day			Born in nursing home and nursed entirely there			Born in hospital	Born at home	Born in nursing home
	Total	Died within 24 hrs birth	Survived 28 days	Total	Died within 24 hrs birth	Survived 28 days	Total	Died within 24 hrs birth	Survived 28 days	Total	Died within 24 hrs birth	Survived 28 days			
3lb 4oz or less	13	8	5	4	3	1	-	-	-	9	3	6	9	-	-
3lb 5 oz to 4lb 6 oz	22	1	21	5	-	5	-	-	-	9	1	8	10	1	-
4lb 7oz to 4lb 15oz	30	-	30	4	2	2	-	-	-	21	-	21	2	-	-
5lb to 5lb 8oz	62	1	61	26	-	26	-	-	-	28	2	26	2	-	-
Totals	127	10	117	39	5	34	-	-	-	67	6	61	23	1	-

Total survival rate = 91%



#### 4) *Ophthalmia neonatorum and puerperal pyrexia*

One case of ophthalmia neonatorum was notified.

Eleven cases of puerperal pyrexia were notified.

#### 5) *Deaths ascribed to pregnancy or childbirth*

No deaths occurred in 1960.

#### 6) *Ante-natal care*

Ante-natal care is provided by the local authority domiciliary midwives, medical practitioners and the hospital midwifery services. No antenatal clinics are provided by the local authority.

#### 7) *Maternity accommodation*

The booking of cases on social grounds is undertaken by the local authority in conjunction with the medical practitioner concerned. In 1960, 257 cases were admitted to hospital for confinement on social grounds.

#### 8) *Care of unmarried mothers*

A close liaison exists between the County Health Department, the North and Mid-Oxon Association for Moral Welfare, and the South Oxfordshire Moral Welfare Association. The Diocesan Council is given a grant of £563 annually for the work undertaken by them on behalf of the County Council.

#### 9) *Dental care*

Mr J. Rodgers, the Chief Dental Officer, has contributed the following report:

'The numbers treated by the maternity and child welfare service have been too small. Shortages of staff and an epidemic of decay amongst school children have undoubtedly contributed to the inadequate amount of time given to this most important service. Nevertheless the provision of a sound service for priority classes is a duty.

'In October a Senior Dental Officer from the Ministry of Health visited the County and suggested ways and means to improve the maternity and child welfare dental service. These recommendations have been considered and as many as possible will be implemented in the coming year.

'The treatment of young mothers and small children is a vital link in the chain of preventive dentistry.

'One expectant mother was examined during the year and was found to be in need of treatment. Thirty-five children under five were examined, of whom 21 were in need of treatment. Twenty-one were treated and made dentally fit.

'The following forms of dental treatment were provided for children under five: 12 silver nitrate treatments, 31 extractions. Ten general anaesthetics were given.'

#### 10) *Ascertainment of deafness in young children*

The arrangements made for the early ascertainment of hearing loss in infants by health visitors has worked smoothly throughout the year. With the agreement of the medical practitioners concerned, infants thought to be deaf are referred to Mr Gavin Livingstone at the Radcliffe Infirmary and thereafter close supervision is maintained. The provision of adequate hearing aids as soon as they are found to be necessary is of the greatest value to the affected infant in its normal development and education. By this means it is hoped that more children can receive education in the special day units and ordinary schools and hence have the advantage of living with unaffected children and in their own homes.

#### 11) *Day nurseries*

The Banbury Nursery was open throughout the year. For some time concern has been expressed about the relatively small numbers of children in attendance whose mothers are in the priority groups - that is to say mothers who have to go out to work to provide for their family; mothers who cannot look after their children on account of illness; or whose home conditions are unsatisfactory from the health point of view.

A review of the whole position was undertaken and increases were made in the charges for attendance. As a result of these increases the numbers of children decreased. At the beginning of the year the average sessional attendance was 18; by the end of the year it had fallen to 13. The policy of maintaining the nursery is being kept under review.

12) *Nurseries and Child Minders Regulation Act, 1948*

The child minders registered under the above Act at the end of the year were:

Mrs S. Stewart, Temple Close, Sibford Gower, near Banbury (10 children)  
Mrs J.H. Sydenham, 40 School Road, Kidlington (6 children)  
Mrs D. Graham, Applecross, 80 Elvendon Road, Goring-on-Thames (6 children)  
Mrs Mary Pratt, The Close, Boxhedge Road, Banbury (10 children)  
Mrs Barbara Taylor, Middle Street, Islip (10 children)

13) *Distribution of welfare foods*

Welfare foods were distributed from 46 welfare centres throughout the County and, in addition, from 69 distribution points. In Banbury, welfare foods are sold from the Banbury Clinic on five days of the week.

I should like to express my appreciation and thanks to all voluntary helpers for the valuable work they are undertaking in storing and distributing welfare foods, often from their own homes at personal inconvenience.

During the year the following items were distributed:

49,800 tins of National Dried Milk to the value of £5,810 (2s 4d each)  
354 tins free of charge  
990 tins to the value of £198 (4s each)  
10,733 bottles of cod liver oil, free  
8,871 packets of vitamin tablets, free  
90,528 bottles of orange juice to the value of £1,886;  
120 bottles free of charge

Nine distribution centres were closed during the year and three centres were transferred from clinics to shops.

MIDWIFERY AND HOME NURSING (SECTIONS 23 AND 25)

The past year has brought some improvement in the number of staff recruited for the combined posts of district nurse and midwife. The number of staff in post at the time of writing is as follows:

Full-time district nurse/midwives	49
Full-time district nurse	1
Part-time district nurse/midwives	3
Part-time district nurse	<u>1</u>
	54

The total establishment is 60 district nurse/midwives.

It would seem that the policy of recruiting through training is beginning to bear fruit. Three nurses have been given district training during the past twelve months and three are at present receiving training and will be ready to take up duties at the end of April.

Part-time nurses have given invaluable help in busy areas and have assured the nursing care of chronic sick when the permanent staff have been busy with midwifery. The part-time nurses are married women and are able to give 20 - 30 hours per week each to nursing duties.

In spite of the improvement in the numbers of nursing staff, there is no room for complacency when one remembers that 23 members of the present staff are over the age of 50 years.

In a survey which was undertaken of the nursing services, considerable thought was given to improving conditions for nurses. The Committee have embarked on a policy of providing modern houses in place of some old and unsuitable ones, which have been vacated.

Improvements have also been made by the addition of a district room with facilities for storing and sterilising equipment and linen.

Emphasis has been placed on providing the nurse with a small, labour-saving house, so that when she returns from work at the end of the day or from a long night call, she has a warm comfortable home awaiting her.

Similarly with nurses' cars: now that the Ford Popular is no longer in production, Morris 1000 cars are being provided and old cars are being fitted with better lights.

Nurses and midwives have participated in taking student nurses from the Horton General Hospital for observation visits, and the students have been very appreciative of the trouble taken to give them an insight into the work done in the patients' own homes.



The County Nursing Officer, who is the non-medical Supervisor of Midwives, and her staff have made the following visits:

Routine visits of inspection	83
Contact visits	55
Other visits	41

Staff meetings have been held in different parts of the County and it has been useful for groups of staff to meet and discuss the local nursing needs. A series of Study Days were held as in-service training, when the Cranbrook Report, new C M B rules, and modern trends in nursing procedures were discussed and demonstrated. Twelve midwives attended approved refresher courses in accordance with the CMB rule G1.

The numbers of midwives notifying their intention to practice in this Authority during 1960 were:

Employed by the County Council	58
Employed by Hospital Management Committees	46
In private practice	1

All midwives employed by the County Council are qualified to administer gas and air analgesia, two having attended an approved course during the year. 849 patients attended by domiciliary midwives received this form of analgesia.

Two trilene apparatuses were purchased and are in use by midwives trained in the use of this analgesic. It is anticipated that more units will be purchased in the future. All midwives are authorised to give pethidine.

Details of cases attended by County Council district nurse/midwives and the number of visits paid are given in the following tables.

TABLE II

New cases				Cases delivered in institutions attended on discharge & before 14th day	Total visits as		Breast feeding	Medical aid summoned		Antenatal visits		Postnatal visits	
Doctor not booked		Doctor booked			Mid-wife	Mat. nurse	Cases wholly breastfed 14th day	Doctor engaged	No doctor engaged	Doctor not booked	Doctor booked	Doctor not booked	Doctor booked
Doctor at del.	Doctor not at del.	Doctor at del.	Doctor not at del.										
8	99	84	756	517	20368	1443	741	182	30	1263	11200	363	812

TABLE III

	Medical	Surgical	Infectious diseases	Tuberculosis	Maternal complications	Others	Totals	Patients included in 2-7 who were over 65 at time of 1st visit during year	Children included in 2-7 who were under 5 at time of 1st visit	Patients included in 2-7 who have had more than 24 visits in the year
(1) Number of cases attended during the year	(2) 3,072	(3) 828	(4) 11	(5) 62	(6 ) 133	(7) 347	4,460	1,703	200	717
Number of visits paid during the year	62,474	16,575	24	5,406	831	6,473	91,783	50,471	1,420	47,577

It remains only to place on record the high standard of service and devotion to duty which the district nurses have shown during the year, when staff shortages have inevitably resulted in nurses being over-worked.

*Liaison arrangements with Hospitals and general practitioners*

All members of the health visiting and nursing staff have been notified of the recommendations relating to the Local Health Authorities nursing services which were contained in the report of the committee appointed by the Ministry to study the welfare of children in hospitals.

In Oxfordshire every effort is made to co-operate with hospital personnel and with general practitioners in the total care of the patients.

Reports on the social conditions of families are frequently requested and, wherever possible, home helps are provided to prevent unnecessary hospital admissions or to facilitate early discharge.

Defaulters at clinics are visited by health visitors and district midwives, who frequently are able to make suggestions regarding future appointments so that the patients' needs may be met, if possible.

Between health visitors and general practitioners a good liaison is maintained as they meet and work together in schools and infant welfare clinics. This frequent personal contact makes for an easy exchange of knowledge and ideas on local problems, and there is no doubt that this team work bring its benefits to families in need of care.

HEALTH VISITING (SECTION 24)

Although recruitment of nurses has improved during the year, there has been only one appointment made to the health visiting staff. Four vacancies exist, two of them in Banbury. To help make good this deficiency, three state registered nurses are being employed on a part-time basis to assist the health visitors. They work chiefly in clinics and schools and do some routine visits in connection with the home help service. In this way the health visitor's time is saved for her more complex duties as family visitor.

One difficulty in attracting health visitors is the difficulty of obtaining housing accommodation. Two health visitors were interviewed and accepted but subsequently withdrew because of this difficulty.

As a result of staff shortage is has been decided to sponsor the training of two health visitors each year in return for a guaranteed period of service with the County. It is hoped that, as a result of this policy, the present staff shortage will be made good.

Health visitors have again co-operated in the training of our health visitor students as well as taking student nurses from the Horton General Hospital for observation visits. They have taken great pains to make the teaching interesting, despite the added strain of these extra duties and responsibilities, and I should like to record here my appreciation of their efforts.

Four staff meetings were held during the year when speakers dealt with subjects concerning the work of nurses and health visitors. Six members of the staff attended refresher courses.

TABLE IV

Number of children under 5 visited during the year	Expectant mothers		Children under 1 year of age		Children aged 1 and under 2 years	Children aged 2 but under 5 years	Tuber- culous house- holds	Other cases	Total number of families or households visited by health visitors
	First visits	Total visits	First visits	Total visits	Total visits	Total visits	Total visits	Total visits	
18030	500	1361	4156	22498	10432	15906	2467	19545	15818
'No access' visits (not included in figures above)		155	2207		852	986	405	1333	

*Child welfare clinics*

The Committee have adopted the policy of providing child welfare clinics for comparatively small communities in rural areas. This is reflected in the fact that, for a population of just over 200,000, there are 74 child welfare clinics in the County. A flexible working of the policy is maintained, so that fresh clinics can readily be set up, and other clinics discontinued without difficulty when it is considered that they are not justified.

In a rural county like Oxfordshire, the clinics serve a very useful purpose from a social point of view, as mothers' clubs. Mothers, living under isolated conditions, welcome the regular opportunities of discussing with each other their different parental problems. In addition, the health education given by the health visitors, the doctors' advice and reassurance, and the provision of the necessary welfare foods help to make the clinics a fundamental part of our health services and social life.



TABLE V

Number of clinics held in County Council premises (Banbury, Bicester, Henley, Thame, and Witney)	5
Number of clinics held in suitable local premises (e.g. village halls, church halls)	69
Clinics opened during the year (Ambrosden, Ewelme, Sonning Common)	3
Clinic closed during the year (Kelmscott)	1

LIST OF CLINICS

Adderbury	Deddington	Kidlington	Sandhills
Ambrosden	Enstone	(Church Hall)	Shilton
Ascott-under-Wychwood	Ewelme	Kidlington	Shutford
Bampton	Eynsham	(Foresters Hall)	Sonning Common
Banbury	Filkins	Kingham	Stadhampton
Benson RAF	Finstock	Kirtlington	Standlake
Benson Village	Forest Hill	Leafield	Stanton Harcourt
Berinsfield	Fritwell	Littlemore	Stonesfield
Bicester	Garsington	Lower Heyford	Swalcliffe
Bletchington	Goring	Mapledurham	Tackley
Bloxham	Great Milton	Middle Barton	Tetsworth
Bunker's Hill	Great Tew	Milton-under-Wychwood	Thame
Burford	Hanborough	Minster Lovell	Warborough
Carterton	Henley-on-Thames	Nettlebed	Watlington
Chadlington	Hethe	Northleigh	Wheatley
Charlbury	Hook Norton	Old Marston	Witney
Checkendon	Horspath	Peppard	Woodcote
Chinnor	Islip	Rose Hill	Woodstock
Chipping Norton			Wroxton
Clifton Hampden			Yarnton

*Prevention of break-up of families*

This is a service hard to assess, and there are no statistics to this important aspect of the health visitor's work, for prevention is more complex than cure. Selective visiting means fewer visits to some homes and a great many more to those families showing signs of emotional stress and disturbed family relationships. Since the health visitor is essentially concerned with the family as such and with the care of children in particular, this is a heavy responsibility.

The health visitor with her knowledge and understanding is in a position to detect signs of family breakdown, and is a front-line worker in the promotion of mental and physical health. Success can only be achieved through efforts aimed at training and rehabilitating the family as a whole. With this end in view the utmost tact and continued patience are needed to try and build up some kind of trustful relationship, to give parents some measure of hope, and to raise their standards by even the smallest amount, bringing into the home parentcraft instruction and the social advice that is still necessary despite the better state of knowledge of the citizen today.

A number of families continue to be classed as problem families. Very often these families tend to wander from area to area, never on a housing list long enough to justify the local authority re-housing them, though the housing conditions they live in are often very poor. The parents in such families are themselves often from broken homes and not infrequently are educationally retarded because during their own childhood special education to suit their need was not available.

Families are helped in a variety of ways. The young wife with her first baby is helped through the problems of infancy and childhood. A mother tied to her home, or lacking social contact within a new housing estate, can be helped to re-organise her work so that she can take part in social activities. A husband can sometimes be helped towards a better understanding of the part he should play in these circumstances.

The health visitor has close liaison with the general practitioner, hospital almoners, moral welfare workers, marriage guidance counsellors and National Assistance Boards, as well as other departments of the local authority. These personal service workers must co-ordinate their activities; and since the health visitor at some time or another has occasion to visit most, if not all of the families in her area, her

knowledge of them is considerable and should be invaluable to other officers whose work is so closely allied. A co-ordinated effort is therefore essential if duplication, omission, and misunderstanding are to be avoided.

Sometimes a recuperative holiday is arranged for a mother overburdened by child bearing and constant friction in the home. This gives an incentive to make a fresh effort to combat these strains and stresses.

The temptation of hire purchase leads other families heavily into debt when payments can no longer be kept up. One such family was helped by placing two of the children into a day nursery so that the mother could go out to work and take her part in contributing towards the repayment of debts incurred.

*Health Visitors' Training School - 1959/60 Course*

Twenty-eight students attended the Training School at Headington. Twenty-three were succesful at the first attempt, three at the second, and one at the third in obtaining the Health Visitor's Certificate.

There were two independent students and 26 were sponsored as follows:

Cornwall County Council	2	Montgomery County Council	1
Berkshire County Council	7	East Sussex County Council	4
Oxford City	4	Northamptonshire County Council	1
Warwickshire County Council	3	Isle of Ely County Nursing	
Hertfordshire County Council	3	Association	1

*Supervision of maternity and nursing homes (under the Public Health Act, 1936)*

The following homes are on the register:

1. 'Madora', 72 Oxford Road, Banbury	General (3 beds)
2. Tracey House, 42 Broughton Road, Banbury	General (13 beds)
3. The Teng Singh Nursing Home, North Aston	General (3 beds)
4. St Andrew's Nursing Home, St Andrew's Road, Henley-on-Thames	General (8 beds)
5. Thames Bank Nursing Home, Goring-on-Thames	General (28 beds)
6. Buddleia Nursing Home, Witney	Maternity (2 beds)

VACCINATION AND IMMUNISATION (SECTION 26)

The main procedures in relation to immunisation against different diseases are based on the same fundamental principles. Accordingly, it was decided to set up a vaccination and immunisation office in the department, and this office now deals with all the work involved, including BCG vaccination.

*a) Vaccination against smallpox*

The following table shows the number of vaccinations and re-vaccinations carried out under the approved scheme in the past two years.

Age at date of vaccination	Under 1		1 to 4		5 to 14		15 and over		Total	
	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc	Primary	Re-vacc
1959	1908	-	147	35	98	100	88	369	2241	504
1960	2155	-	204	30	108	62	100	327	2567	419

*b) Diphtheria immunisation*

Details of children immunised against diphtheria by the end of the year are shown as follows.

Age on 31.12.60 i.e. born in year	Under 1 1960	1 to 4 1956-1959	5 to 9 1951-1955	10 to 14 1946-1950	Under 15 Total
A. Number of children whose last course (primary or booster) was completed in the period 1956-1960	1,124	9,523	10,347	531	21,525
B. Number of children whose last course (primary or booster) was completed in the period 1955 or earlier	-	-	1,939	10,192	12,131
C. Estimated mid-year child population	3,810	14,290	31,700		49,800



c) *Whooping cough immunisation*

Number of children immunised in 1960 and (1959):

Years of age 0 - 1	Years of age 1 - 4	School age
<hr/> 2714 (2299)	<hr/> 339 (433)	<hr/> 189 (102)

d) *Tetanus immunisation*

Many practitioners prefer to use the combined antigen against diphtheria, whooping cough, and tetanus. The numbers immunised against tetanus during the year 1960 were 3292 (3144).

e) *Poliomyelitis vaccination*

In Circular 3/60 the Ministry of Health asked local health authorities to extend their arrangements for vaccination against poliomyelitis by offering it to all persons under 40, and in addition to persons going outside Europe (Canada and USA excepted); to persons engaged in dental work and their families; to nurses working outside hospitals and their families; and to public health staff who might come in contact with poliomyelitis and their families.

Publicity posters were distributed to cinemas, factories, voluntary bodies, libraries, rural and urban district councils, banks and post offices. Book marks were given to libraries and stamps were issued to other County departments for sticking on outgoing mail. Slides were displayed on cinema screens and advertisements were inserted in the local press covering all parts of the County.

Sessions for the public were held on the first Wednesday evening of each month at Gloucester Green, Oxford, and on the second Wednesday of each month at the Banbury Clinic. Monthly evening sessions were also held in Henley and Witney. In addition, vaccinations were undertaken in factories, schools, and infant welfare clinics.

By the 31st December 1960, 66,745 people had registered for vaccination against poliomyelitis. Of this number, approximately 61,699 had completed the course of injections; approximately 4,552 had received two injections, 267 had received one injection and 227 were still awaiting vaccination. The last figure represents the number of persons who had recently registered and were awaiting appointments for vaccination, plus the number of persons who had failed to keep their first appointments.

Persons who have registered for vaccination can be divided into age groups approximately as follows:

(a) Children up to 15 years	43,940
(b) 15 to 26 years	12,580
26 to 40 years (since March)	5,716
Other priority groups	<u>4,015</u> 22,311

f) *BCG vaccination*

Vaccination is available to children of 14 and upwards, children below 13 who are in a class that is being vaccinated, and students receiving further education at colleges, universities, etc.

Consent for Mantoux testing and vaccination was returned for 2618 school children, which represents an acceptance rate of 86 per cent. Of those tested, 453 children were Mantoux positive, a rate of 17 per cent. The number vaccinated was 2079.

Experience has shown that those children who do not require vaccination, because they have been in contact with tuberculosis at some time of their lives, run a greater risk of developing tuberculosis than those who have not been in contact. Accordingly, during the year, arrangements were made for all Heaf positive children to be X-rayed as a routine measure. This policy had the approval of the Local Medical Committee. The mobile X-ray units serving the County have co-operated wholeheartedly in the scheme; without their help the policy would have been difficult to implement. Regular X-ray sessions were established at Woodstock, Witney, and Thame; the sessions being arranged so that positive reactors could be X-rayed locally, in groups, without having to travel long distances to X-ray units in hospitals. Medical practitioners are notified of the results of the X-rays and, with their approval, children whose X-rays are not normal are referred to the appropriate chest clinics.

## AMBULANCE SERVICE (SECTION 27)

### *Administration*

The administrative staff has continued without change during the year, but the effects of the increased demands upon the service are beginning to show. A survey carried out by the GPO indicated that there were insufficient telephone lines to Control and that subscribers were frequently obtaining the engaged signal. Accordingly an application was made for two additional telephone lines. It is not known what extra strain will be put on the control room staff, but a watch will be maintained to ascertain the effects of the extra phones.

### *Stations*

Work on the new ambulance station at Bicester was completed by the end of August, the premises being occupied by the ambulance service early in September. This station, built in conjunction with the new fire station, has accommodation for two ambulances, a crew room, and stores.

There were no changes at the other ambulance stations.

### *Staff*

There has been no increase in the number of driver/attendants. The additional driver/attendants engaged in 1959 were sufficient to meet the extra demands on the service during the year under review.

#### Full-time stations

<i>Location</i>	<i>Number of vehicles</i>		<i>Full-time staff establishment</i>
	<i>Ambulances</i>	<i>Light dual-purpose vehicles</i>	
Banbury	3	1	13
Bicester	1	-	2
Chipping Norton	1	-	2
Crowmarsh	1	-	2
Henley	1	2	4
Kidlington	-	1	2
Thame	1	-	2
Witney	1	1	5

#### Part-time stations

Woodstock	-	1	5 part-time
Wychwood	-	1	6 part-time

### *Vehicles*

Two light dual-purpose vehicles were ordered under the annual replacement scheme. The design of these vehicles is such that nine sitting patients can be carried, or, alternatively, one stretcher patient and four sitting cases. The prime function of these vehicles is to transport sitting patients: they replace two ambulances of the Dormobile design.

### *Patients carried and mileage travelled*

The number of patients carried in 1960 increased by 5801 and the mileage travelled by 73023. The whole of this increase can be attributed to persons attending hospitals as outpatients: 61977 patients were conveyed to out-patient clinics as against 56162 in 1959.

Table 1 gives details of the number of patients carried during the past five years whilst Table 2 shows the miles travelled during the same period.

	<i>Year</i>	<i>HCS</i>	<i>Taxi</i>	<i>Ambulance</i>	<i>IDH</i>	<i>Total</i>	<i>Oxford City</i>	<i>Gross Total</i>
TABLE 1 <u>PATIENTS</u>	1956	38,898	1,757	13,784	578	50,017	2,371	52,391
	1957	31,337	2,346	23,380	723	57,786	2,567	60,353
	1958	32,082	4,934	23,355	837	61,208	2,390	63,598
	1959	35,733	5,693	24,699	684	66,809	2,066	68,875
	1960	37,601	6,609	28,012	-	72,222	2,454	74,676
TABLE 2 <u>MILEAGE</u>	1956	459,428	26,795	198,205	4,433	688,681	22,745	711,426
	1957	388,012	26,554	251,338	5,359	671,263	25,836	697,099
	1958	376,624	51,029	257,922	5,652	691,239	19,035	710,272
	1959	411,340	56,912	282,462	4,907	755,621	16,485	772,106
	1960	446,833	67,725	313,262	-	827,820	17,309	845,129



## *Civil Defence Stockpile - stretchers: major accidents*

In Circular 11/60 the Ministry of Health offered to provide 200 stretchers on loan to local health authorities, for use as a nucleus for a Civil Defence Operational Stock and for peacetime disaster emergencies. The offer was accepted and the stretchers have been stored at the Banbury Ambulance Depot.

## PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

### *Health education - smoking and lung cancer*

A useful half-day conference was held in the summer to see if there were any further steps which could be taken to discourage children from acquiring the habit of smoking. Representatives from the Central Council for Health Education spoke at the meeting, which was attended by school teachers and health visitors.

As reported before, the main policy of the Council is to draw the attention of school children to the ill health and disablement which may result from this habit. It is, however, very difficult to make any impression in face of the vast numbers of advertisements which advocate smoking, and the lack of interest of many parents, in particular those who themselves are heavy smokers.

### *Mothercraft*

In some areas older schoolgirls in neighbouring schools attend the local infant welfare centre, where they are given informal and friendly advice, by the doctor and health visitor, on mothercraft and allied subjects. These talks and the practical instruction which goes with them are much appreciated by the children and the school teachers, and there is no doubt that they serve a very useful purpose.

### *General*

As always, the health visitors do the front-line work in the field of health education. Much of the good work they do does not attract notice. But the high rate of acceptance of immunisation against serious infections indicates the value of their efforts, while the advice given in infant welfare clinics and schools does much to raise the standards of cleanliness, food hygiene, family budgeting and infant nurture.

### *Occupational Therapy*

During the year 157 patients have been visited, 25 new patients referred, and 2282 visits made.

In April arrangements were made for the sale of work to be undertaken by the City Retail Shop. These arrangements have worked very satisfactorily - the sales have increased, with the result that the patients have been encouraged to raise their output and it has been possible to order materials more economically.

The sales figures were:

Helping Hand Shop sales, 1959	£301 14s 7d
City Retail Shop sales, 9 months of 1960	£305 0s 3d

Apart from the shop, sales to the value of £236 11s 5d have been made through the office, including the supply of parts of enuresis apparatus and drug cupboards to the Health Department, broomheads to the Architect's Department, and lampshades, ring books, posters and wool-winding to our regular customers.

Instead of the usual competition for patients, an exhibition was held this year by Dorset House School of Occupational Therapy, who entertained about a hundred patients and other visitors. This was a new departure which proved to be a great success, and we are indebted to Miss Macdonald and her staff, and especially to the students, who conducted the patients round various departments of the school and generally acted as hostesses for the afternoon.

For the last two years the Oxfordshire County Council has been a member of the Homecrafts Advisory Association for the Disabled. In December Miss Gardiner attended its first general meeting, at which Lady Sempill was elected president and Mr Hamilton Smith, of the late Helping Hand Shop, first chairman. The formation of the Homecrafts Advisory Association is a direct outcome of the activities of the Helping Hand Shop, to whose funds the County Council contributed £50 per annum for several years. We have already taken advantage of their free craft demonstrations and advice and believe that the services they plan to offer will be increasingly useful.

The use of electrical apparatus in workshops is being extended and two patients have been helped to establish home workshops. One has suffered from tuberculosis since 1943 and has learned many useful occupations, including advanced weaving, typewriting and leatherwork. Woodwork will be a further satisfactory channel for his manual ability, which is above average, and he has already made some of the enuresis boxes for the Health Department.

Another man has also been disabled since the war years and he has extended his capacity by buying a large power unit which includes wood turning equipment. He won an award at Olympia last year for turned lampstands and he supplies most of the stool frames used in the County.

#### *Marie Curie Memorial Foundation*

The generous offer of the Foundation to make grants to patients suffering from cancer has been of great help. The County Nursing Officer has drawn on the funds during the year, and £11 has been spent on persons in need.

In addition, the Foundation have offered to pay all costs of part-time nurses employed in the care of patients suffering from cancer. The County Council have accepted the offer; advertisements have been inserted in the local press and two nurses have been interviewed and accepted in readiness, should their services be needed.

#### *Medical Loan Depots*

The British Red Cross Society have continued to provide articles on loan from their medical loan depots in various parts of the County. Some articles are provided free of charge, while a small charge is made for the hire of others. During the year 357 articles were loaned to the County and a proportionate sum of £78 was paid towards the Oxford City grant to the Red Cross for this service.

In the event of anything being required which cannot be provided in this way, provision is made directly through the Health Department: e.g. air rings, bed rests, rubber bedpans, etc. A small stock of air rings is held in the Health Department and are issued free of charge, through nurses and health visitors.

#### *Nursing equipment*

The demands on this service are increasing. Every effort is being made by hospital authorities to discharge patients from hospital as soon as their health and home circumstances permit. This very desirable aim results in more requests for equipment and aids in the homes to which the patients are to be discharged. Patients suffering from paralysis as a result of poliomyelitis, accident or disease are referred in this way. In addition, there are those elderly patients who have suffered from strokes and can be looked after at home. It seems probable that the number of this latter category of patients will increase with the average age of the population and that the domiciliary care of the handicapped will play an even greater part in the health services of the future.

#### *Convalescent treatment*

On the recommendation of medical practitioners, 14 men, 66 women and 10 children were sent to various convalescent homes, mainly at resorts on the south coast. In addition, 15 fit young children, whose ages ranged from two weeks to five years, accompanied their mothers to convalescent homes. Almost fifty per cent of the adults for whom arrangements were made were over the age of sixty.

Contributions towards the cost of convalescence were assessed in accordance with the scale approved by the County Council.

#### *Chiropody*

Following the receipt of Ministry of Health Circular 11/59, the Health Committee decided to provide a chiropody service directly, by employment of state registered chiropodists; and indirectly, by making grants to voluntary organisations who were providing chiropody services.

##### Directly provided service:

A weekly clinic is held in Banbury, in the chiropodist's premises; approximately eight patients attend each session. Patients attending from outside the County area are subsidised by the appropriate authority.



In Henley a clinic has been established in the Health Clinic, where a room has been made available for the purpose. It is probable that the demand at both clinics will increase.

Service provided by voluntary organisations:

During the year the voluntary organisations have, from time to time, indicated the increasing demands on the chiropody services. At the time of writing chiropody services are provided by the Red Cross at Goring, South Stoke, Henley, Kirtlington, Begbroke, Old Marston, Sonning Common and Woodcote; the Oxfordshire Association for the Care of Old People provide services at their clubs at Eynsham, Littlemore and Sandford, and Ewelme; the WVS provide a service at their club at Banbury.

The voluntary organisations work in association with each other in order to avoid duplication of services.

There is no doubt of the great value of this service, which helps to keep old folk active on their feet, so that they can get out and about instead of being restricted to their homes.

HOME HELP SERVICE (SECTION 29)

The demand for home help services has remained steady throughout the year. In a rural county like Oxfordshire, the main need is for a part-time helper living in the same neighbourhood as the patient. Sometimes it takes the health visitor a considerable time to find the right person to act as a home help. More time is spent in paying regular visits to the home to ensure that the needs are being adequately met. The health visitors are well known to the elderly, the infirm, and the handicapped who live in their areas, and a close association is maintained with the Welfare Department and the National Assistance Board.

On November 21st the National Joint Council Scale for Manual Workers was adopted by the Committee. As a result, the sum allowed for this service in the estimates for the next financial year was increased from £27,000 to £33,500.



## PART III

### MENTAL HEALTH

1960 was an outstanding year in the development of the Mental Health Services. The Act of 1959 was introduced during the year, being fully implemented by the first of November. The way then became open for the building up of a comprehensive Mental Health Service.

An essential to the smooth running of the new Act is a very close association between all persons working in the field. The Hospital Services are reaching out into the community in their development of better out-patient facilities, day hospital services, and follow-up services. In the same way the local health services are reaching towards the hospitals. In assisting in the social implications of mental illness, close relationship with the psychiatrist is necessary.

The liaison with consultants is good. Frequent contact is made by medical staff to discuss policy matters, and by mental welfare officers to discuss matters concerning individual patients.

The proposals for the use of a fourth full-time mental welfare officer who will spend a period of 2-3 months at Littlemore Hospital to receive specific training, and for the establishment of the hostel for adult female subnormal persons at Cumnor Rise, in close association with the existing hospital, will assist greatly in linking the services even more closely.

It is felt that the hospital services and the local authority services should be considered from both sides as constituting one single service.

#### MENTAL ILLNESS

It is too early for statistics to reveal the changes taking place in the field of mental health, but some trends can be seen.

1. A marked decline has taken place in the number of patients requiring certification.
2. The increase in the number of voluntary and temporary patients has been abruptly reversed by the introduction of informal admission.
3. The Local Authority is not given notice of all informal admissions any more than they are notified of hospital admissions for appendicitis. This fact accounts for the drop in the 'Total' column in Table I from 473 in 1959 to 266 in 1960.

TABLE I - HOSPITAL ADMISSIONS (*known to Local Health Authority*)

Method of admission	1954	1955	1956	1957	1958	1959	1960
Certified	56	39	45	27	37	19	2) 1.1.60 to
Vol. & Temp.	172	244	223	268	341	235	3)
Observations	11	10	15	121	105	165	54) 31.10.60
Informal						54	193
Section 29							9) 1.11.60 to
Section 25							5)
Section 26							-) 31.12.60
	239	293	283	416	483	473	266

The Mental Health Act of 1959 changed the designation of the local authority field workers from Duly Authorised Officers to Mental Welfare Officers. This change in name confirmed and established the changing function of these workers. This can be clearly seen from Table II. Whereas in the past much time was taken up by formal admission procedures for a large number of patients, the newly created mental welfare officers place emphasis on community care and after-care work.



TABLE II

	Supervisory visits (1)	Special reports (2)	Psychiatric investigation No action taken (3)	After-care visits (4)	Miscellaneous visits Employment, etc (5)	Total visits
1957	815	145	5	5	219	1,189
1958	791	62	-	3	198	1,054
1959	995	127	2	77	320	1,521
1960	898	122	1	355	567	1,943

This table requires very little explanation or amplification. In particular the number of after-care visits has increased greatly as has the number of miscellaneous visits.

Taken together with Table I these figures show the changing nature of the mental welfare officer's work. Although he deals with fewer admissions and spends far more time on social work, individual admissions occupy more of his time because he can no longer act on his own initiative, but is required to assist one or more doctors and the patient's relatives.

TABLE III - MENTAL SUBNORMALITY

	Super- vision	Guardian- ship	Hospital inpatients	Total
Number of cases known to department 1.1.60	307	15	283	605
Number of new cases during year	51	1	12*	64
Discharges, deaths, etc during 1960	34	4	15	53
Number of cases known to department 31.12.60	324	12	280	616
Number of short-term hospital admissions	--	--	16	16

\*The introduction of informal admissions will affect this figure so that these figures cannot be taken to indicate the incidence of subnormality in the community.

#### GUARDIANSHIP

The Mental Health Act of 1959 provides for a transitional period of six months during which patients under guardianship have to be classified and the legal position of the guardianship determined. Arrangements are in hand for these matters to be attended to. In practice, to avoid an unfair burden being placed on other Authorities where the guardians of Oxfordshire patients reside, it has been decided to transfer the guardianship in these cases to this Local Health Authority.

TABLE IV - TRAINING CENTRES (as on 31.12.60)

	Under 16		Over 16		Total
	M	F	M	F	
1. Witney	7	3	4	3	17
2. Banbury	3	3	6	9	21
3. Borocourt Day Hospital	3	4	7	2	16
4. Oxford City	4	-	2	1	7
5. Brighton	1	-	1	2	4
6. Spastic Centre	1	4	-	-	5

Number receiving  
home teaching  
during the year -  
12

#### *1 - Witney Training Centre*

This centre was opened in March 1960 as the first full-time centre run by the County Council. Progress has been rapid. Towards the end of the year a small pilot scheme was started to find employment for those over sixteen within the centre. This has proved popular with those concerned and during the coming year a properly established sheltered workshop is planned. In addition to the present group of over 15 year olds, there are many older subnormal persons who can be brought into sheltered workshops who would not be suitable for the ordinary training centre activities. It is anticipated that the workshops in Witney will provide for approximately 30 persons when fully developed.

An excellent Christmas party was enjoyed by all. For much of the enjoyment we are indebted to the Rotary Club of Witney.

## 2 - *Banbury Class*

This class has continued to flourish under the able direction of Mrs Rawson. The help given by Mrs Agnew has been appreciated by everyone connected with the class.

The short-comings of a class meeting one day each week have become very apparent. Little more can be achieved than to give a day out to those attending the class and a day's freedom to their parents. The full-time centre scheduled for next year is awaited with eager anticipation.

Thanks to the generosity of the Banbury Society for Mentally Handicapped Children a day's outing at Wicksteed Park, Kettering, was enjoyed by all able to attend.

## 3 - *Borocourt Day Hospital*

By arrangement with Borocourt Hospital, the facilities of the day hospital were available to sixteen subnormal persons from the south of the County.

## 4 - *Oxford City Centre*

During this year seven subnormal persons from the County have attended the centre at Littlemore. It would seem likely that the number living within easy reach of this centre is likely to increase, and the necessity for a new centre to provide for the fringe areas of the City, Kidlington, Wheatley and the east of the County is becoming apparent.

## 5 - *The Spastic Centre (Churchill Hospital)*

This centre is run by the Oxford and District Spastic Society. The United Oxford Hospitals provide diagnostic and treatment facilities. The County Council provide transport to the centre. At the end of the year five County children were attending.

## 6 - *Brighton*

A number of subnormal children from Oxfordshire are under guardianship in Brighton. Arrangements are made for them to attend a local training centre.

## 7 - *Home Teaching*

Mrs Rawson has continued to visit twelve children to give them tuition at home. Some of these will no longer require this provision when the new centre opens.

## PROJECTS IN HAND AT END OF YEAR

### 1 - *Banbury Training Centre*

The revised plans for the training centre and sheltered workshops are proceeding satisfactorily. Both should be available from the beginning of the autumn term 1961.

### 2 - *Banbury 'Family' Hostels*

Land is being sought close to the training centre with a view to these hostels being built in the financial year 1961/62. It is becoming increasingly apparent that hostels of this nature, working in conjunction with training centres, have an important part to play in the developing pattern of community care for the mentally subnormal. There is already a waiting list for the Banbury Hostels.

### 3 - *Cumnor Rise Hostel*

Preliminary discussions have been held with a view to building a hostel for adult female subnormal persons within the grounds of the Cumnor Rise Hospital. Agreement has been reached on most points, and preliminary plans are being drawn up by the architect to facilitate detailed discussion.

### 4 - *Hostel for Senile Confused Patients*

Agreement in principle has been obtained for the building of a hostel of this category. The major problem at the moment is to find an appropriate site.



PART IV  
BLINDNESS

Mr R.T. Barre, Chief Welfare Officer, has kindly contributed the following information:

During the year ended 31st December 1960 seventy completed forms BD8 were received, and 49 persons were admitted to the Blind Register and 21 to the Register of Partially Sighted Persons.

No cases of blindness due to retrolental fibroplasia were reported.

Of the 42 persons recommended for treatment 12 were dealt with during the year and received the treatment recommended.

*A - FOLLOW-UP OF REGISTERED BLIND AND PARTIALLY SIGHTED PERSONS*

i. Number of cases registered during the year in respect of which Forms BD8 recommend	Cause of disability			
	Cataract	Glaucoma	Retrolental fibroplasia	Others
(a) No treatment	6	1	-	21
(b) Treatment (medical, surgical, or optical)	8	5	-	29
ii. Number of cases at i(b) above which on follow-up action have received treatment	2	1	-	9

*B - OPHTHALMIA NEONATORUM*

i. Total number of cases notified during the year	Nil
ii. Number of cases in which (a) Vision lost (b) Vision impaired (c) Treatment continuing at end of year	Nil

During the year ended 31st December 1960 nine persons who were previously on the Partially Sighted Register were re-examined and placed on the Register of Blind Persons.

CASES CERTIFIED BLIND AND PLACED ON THE REGISTER OF BLIND PERSONS FOR THE COUNTY OF OXFORD DURING 1960

<u>Cause of blindness</u>	<u>Age group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Senile retinopathy	70 - 79	2	2	4
	80 - 84	2	1	3
	85 - 89	1	-	1
	90 plus	1	-	1
Cataracts	5 - 10	-	1	1
	40 - 49	-	1	1
	65 - 69	-	1	1
	70 - 79	-	1	1
	80 - 84	1	2	3
	90 plus	2	-	2
Glaucoma	70 - 79	2	1	3
	80 - 84	-	1	1
Senile macular degeneration	80 - 84	1	-	1
	85 - 89	2	-	2
Senile choroidal atrophy	70 - 79	-	1	1



CASES CERTIFIED BLIND (continued)

<u>Cause of blindness</u>	<u>Age group</u>	<u>Males</u>	<u>Females</u>	<u>Total</u>
Optic atrophy	1	1	-	1
	4	1	-	1
	40 - 49	1	-	1
	70 - 79	1	-	1
	85 - 89	-	1	1
Diabetic retinopathy	60 - 64	-	1	1
	65 - 69	1	2	3
	70 - 79	1	-	1
Traumatic dislocation of lens and glaucoma	80 - 84	1	-	1
Degenerative, haemorrhagic retinopathy	80 - 84	1	-	1
Bilateral blindness due to cortical ischaemia	70 - 79	1	-	1
Myopic degeneration	50 - 59	1	-	1
	65 - 69	-	1	1
Diabetic choroido-retinal degeneration	65 - 69	-	1	1
	70 - 79	-	1	1
Bilateral central senile retino- choroidal degeneration	90 plus	1	-	1
Central senile choroidal-retinal degeneration	80 - 84	1	-	1
	85 - 89	-	1	1
Cranial arteritis	70 - 79	-	1	1
Uveitis and keratitis	80 - 84	-	1	1
Amplyopia ex-anopsia and diabetic retinopathy	80 - 84	-	1	1
		26	23	49

The degenerative conditions associated with increasing age account for the greatest proportion of new cases registered as blind during 1960.

The total number of cases on the Blind Register for the County of Oxford at 31st December 1960 were

<u>Male</u>	<u>Female</u>	<u>Total</u>
173	212	385

EPILEPSY

During 1960 there were eleven persons in the care of the Welfare Committee in epileptic colonies.

HANDICAPPED PERSONS

The number of registered handicapped persons (deaf) was 79.

The number of registered handicapped persons (general classes) was 82.

# PART V INFECTIOUS DISEASES

There were no serious epidemics during the year, although outbreaks of dysentery in the Henley area in the second quarter of the year and in the Littlemore area in the final quarter required detailed epidemiological investigations.

Measles, which had assumed considerable proportions in 1959, reappeared towards the end of 1960, mainly in the Bullington and Ploughley districts. Once again children in the 5 - 9 years age group were principally affected; the reports indicated a comparatively mild infection, which in some areas seemed to coincide with whooping cough.

Rheumatic fever is not a notifiable disease but, from discussions with general practitioners and consultant paediatricians, it appears that the incidence of acute rheumatism in children is on the increase. In this infection, the health visitors are able to play a useful preventive role in the supervision of prolonged domiciliary treatment and the maintenance of a good diet which includes an adequate number of eggs. In addition, it is desirable that the dental department of the local authority should be aware of children 'at risk'. A letter embodying these points has been sent to the practitioners and consultants and already some cases are being supervised by the health visitors. It is hoped that these preventive measures may help to control the number of new cases and reduce the number of recurrences.

NOTIFICATION OF INFECTIOUS DISEASES, 1960

D I S E A S E S	U R B A N   D I S T R I C T S								R U R A L   D I S T R I C T S							T O T A L S   F O R A D M I N I S T R A T I V E   C O U N T Y
	Banbury (Borough)	Woodstock (Borough)	Chipping Norton (Borough)	Henley-on-Thames (Borough)	Dicester	Witney	Thame	TOTALS FOR COMBINED URBAN DISTRICTS	Banbury	Chipping Norton	Witney	Bullington	Henley	Ploughley	TOTALS FOR COMBINED RURAL DISTRICTS	
Scarlet fever	11	--	1	--	--	--	15	27	7	4	21	26	12	27	97	124
Whooping cough	46	--	7	--	--	5	--	58	36	7	11	23	21	51	149	207
Measles	16	--	2	--	37	--	--	55	21	7	6	160	48	91	333	388
Pneumonia	--	--	--	--	--	--	--	--	1	1	--	1	6	2	11	11
Dysentery	2	--	--	20	--	--	2	24	1	2	7	14	17	16	57	81
Food poisoning	--	--	--	--	1	--	--	1	--	--	--	7	--	--	7	8
Enteric or typhoid fever	--	--	--	--	--	--	--	--	1	--	--	--	--	--	1	1
Poliomyelitis: Paralytic	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Non-paralytic	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Meningoccal infection	--	--	--	--	1	1	--	2	--	1	--	--	--	1	2	4
Erysipelas	1	1	2	--	--	--	--	4	--	--	1	5	--	1	7	11
Puerperal pyrexia	2	--	--	--	--	--	--	2	--	1	--	--	--	--	1	3
Acute encephalitis post-infectious	--	--	--	--	--	--	--	--	--	--	--	1	--	--	1	1
Ophthalmia neonatorum	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
Tuberculosis: Respiratory	6	3	--	3	2	4	2	20	4	2	8	21	9	8	52	72
Non-respiratory	--	1	--	--	1	--	--	2	--	1	2	6	--	2	11	13



## TUBERCULOSIS

I am indebted to Dr N.J. England for the following report:

'The prevention and the ultimate control of tuberculous disease is not to be found in any one direction of administration, but with the efficient and proper consideration of every single facet of the technique of control. Looking at the problem from the clinic and hospital aspect, difficulties relate to the identification and checking of those at risk, the review of special problem groups, the prevention and control of relapse and the integration of this specialised field of medicine with that of general medicine.

'It is of the utmost importance that the problems of tuberculosis and tuberculosis control in particular should be appreciated by all medical men. The segregation of tuberculosis administration in the past to the public health services has of recent years reacted adversely and interfered with recruitment and training of the medical men who will ultimately have to carry the burden of the field work of tuberculosis control. Only by taking active steps to reintegrate chest medicine with general medicine can this be achieved, and such policies are being vigorously pursued in the United Oxford Hospitals. The danger lies in the lack of appreciation of public health matters in hospital medicine generally, due probably to the relative isolation of the Medical Officer of Health from hospital practice. The remedy here is obvious.

'Prevention of relapse and control of relapse are primarily problems of therapeutic techniques and education of the public. Each patient is a separate problem but certain general rules are becoming apparent. As therapy must be prolonged for eighteen months or more and must be faithfully maintained to the level of the prescribed daily dosage, treatment is best commenced in hospital and the patient educated in the technique. Chemotherapy is usually equally successful in the treatment of relapse as in the initial phases and so the ultimate control is by routine follow-up. Mass radiography checks are too infrequent and complicated in procedure for such a purpose and follow-up is best left to the clinics, but an ultimate snowball effect must be expected and allowed for.

'Tuberculosis in the elderly, especially the elderly male, is becoming an increasing and pressing problem. The elderly avoid mass radiography, radiography in fact in any form, and even visits to their general practitioner. It is, therefore, a serious administrative problem to devise ways and means of discovering disease in these persons, many of whom act as guardians of children while the parents are at work.

'Contact work in general has been speeded up most effectively by the health visitor doing tuberculin tests in the home. The result has been a wider acceptance of BCG vaccination by the contacts with a resulting greater protection to those at risk.'

## MILK-BORNE TUBERCULOSIS

Since my last report two incidents have occurred which illustrate that tuberculosis can still be spread by milk, despite the success of the Government schemes for eradicating tuberculosis in cattle. These incidents emphasise once more that the only milk which can be guaranteed as safe is milk which has been effectively heat-treated in order to kill organisms capable of causing disease.

(A) In November 1959 notification was received from a medical practitioner that a child aged five under his care had developed primary tuberculosis. A sister aged seven had given a positive reaction to the tuberculin test, thus indicating that she had been exposed to the infection. The family lived in a farm cottage and nineteen cattle of the Attested herd on this farm had recently given positive reactions to the tuberculin test. The cattle were slaughtered and on postmortem examination one cow was found to have a tuberculous udder.

Routine enquiries were made and it was ascertained that the milk was sent to a pasteurisation depot before it was sold to the public. Two families living on the farm, however, were drinking the raw milk. The second family were advised of the position, and examination showed that two children in this family, aged two and four, were positive to the tuberculin test. A baby aged six months was negative. The parents were positive. The children were referred to the chest clinic for the necessary observation and treatment.



(B) Towards the end of 1959 notification was received from the Divisional Veterinary Officer that a cow sold from Attested premises at Banbury market had subsequently been slaughtered at West Ham and found to be affected with tuberculosis. This cow had recently suffered from mastitis and her milk had been fed to calves. The herd was then tested and 12 cows, 22 calves and one bull were found to be positive reactors. The incidence of positive reactors amongst the calves, who had been fed with milk from the affected cow, raised a strong suspicion that this cow had been secreting tuberculous milk, although no tuberculous lesion of the udder was found on postmortem examination. The bulk of the milk from this herd was sent for pasteurisation, but 20 gallons of untreated milk were rétailed daily in the local village.

Following the receipt of this information a consultation was held at which the Chest Physician, the District Medical Officer and the Divisional Veterinary Officer were present. It was decided that the County Health Department should arrange to give tuberculin skin tests to all children and young persons up to the age of 21 who might have consumed the untreated milk. A list of consumers was obtained and their names and addresses were sent to the family doctors, who were informed of the situation. House-to-house visitation was carried out by the health visitors and the consent of parents was obtained. Early in January 1960 a total of 160 children were tested with the following results:

Number showing evidence, on test, of infection	76 (47.5%)
Number who were negative on test	68 (42.5%)
Number who were known to have been B C G vaccinated or tuberculin positive	16 (10.0%)

The significance of the figure of 47.5% shown by the tuberculin test to have been affected can be appreciated when this figure is compared with the 16% to 17% positive reactors normally found on routine testing of 14-year-old children.

All the positive reactors - 76 in number - were examined at a series of special clinics held at the Churchill Hospital, the coach transport to and from the village being arranged by the Health Department. Two small children were found to have enlarged glands in the neck and one child was found to have pulmonary tuberculosis. Two other children, who were living with foster parents in the village at the time the untreated milk was consumed, had left the County at the time the investigations were carried out. Accordingly the medical officer of the children's home to which the two children had been admitted was notified. He referred them to the chest clinic, where they were examined; both had evidence of hilar glandular enlargement. All five children were kept under chest clinic supervision.

The other positive reactors were free from symptoms and signs of disease, but, in accordance with current practice, they were put on treatment for six months, and further examinations were carried out. These measures were designed to prevent tuberculosis of glands, bones and joints which may result from this type of infection in children.

The whole operation provides an example of applied preventive medicine. Two points stand out:

1. The fact that a herd is Attested is not a guarantee that the milk is free from tuberculosis, in the absence of pasteurisation.
2. The importance of the closest liaison between the Divisional Veterinary Officer's Department and the County Health Department.

As a result of these incidents it has been agreed with the Divisional Veterinary Officer that:

1. The Medical Officer of Health is notified of any case of tuberculosis of the udder or tuberculous milk on any well founded suspicion that infected raw milk has been disposed of for human consumption.
2. The Medical Officer of Health will notify the Divisional Veterinary Officer if he has reason to believe that spread of tubercle infection to cattle from human sources may have occurred, so that early check testing may be carried out.

#### TUBERCULOUS SURVEYS

In addition to the surveys referred to under the section of the report which deals with milk-borne tuberculosis and tuberculosis in schools, two surveys were undertaken in factories following notification that an employee had been diagnosed as suffering

from tuberculosis. It gives me pleasure to report that in both instances the management and staff were most helpful and co-operative, with the result that it was possible to examine nearly all the employees who might have contracted the infection. No cases of active infection were discovered in the course of the surveys.

ANTHRAX

Under the Public Health (Infectious Diseases) Amendment Regulations, 1960, human infection with anthrax was made notifiable. No cases were notified.

VENEREAL DISEASE

The serious and progressive increase in the incidence of gonorrhoea and other venereal diseases has been a matter of grave national concern during the past few years, and the attention of the public has been called to the evidence of increased promiscuity and venereal disease among teenagers and young people.

In this authority, fortunately, the number of cases notified decreased slightly in 1960. Posters, designed to educate the public of the danger of these infections and the best way to obtain prompt medical treatment, have been obtained and distributed to the District Medical Officers and the Medical Officers of the British and American Service Units in the County. In addition, discussions have taken place with the medical staff of Service Units, to see if any improvements can be made in preventive measures and contact tracing. There is a close liaison between the special health visitor responsible for contact tracing and the almoners of the hospitals, and co-ordination between the different branches of the services is good.

The incidence of new cases treated at the Special Treatment Centres at the Radcliffe Infirmary, Oxford, and the Royal Berkshire Hospital, Reading, over the past five years is shown in the following table.

O = Radcliffe Infirmary, Oxford - R = Royal Berks Hospital, Reading - T = Total

	1 9 5 6			1 9 5 7			1 9 5 8			1 9 5 9			1 9 6 0		
	O	R	T	O	R	T	O	R	T	O	R	T	O	R	T
Syphilis	8	-	8	6	-	6	8	1	9	8	1	9	5	-	5
Gonorrhoea	24	-	24	24	1	25	30	-	30	46	1	47	28	2	30
Other	70	4	74	54	9	63	64	3	67	103	5	108	96	4	100
Totals	102	4	106	84	10	94	102	4	106	157	7	164	129	6	135

The following is an extract from the report provided by the VD Almoner to the Oxford Clinic, Miss Jackson:

‘Follow up of defaulters has continued as in other years. Regular review of medical notes and consultation with the doctors results in follow-up letters being sent to patients at regular intervals. This year it has not been necessary to ask the health visitors to follow up defaulters as there has been a good response to letters. However, at intervals the almoner has continued to have talks with the health visitors so that they are in touch with the clinic.

‘Another point of interest this year is that the publicity given to VD, especially by television programmes, temporarily resulted in a number of people coming to the clinic because they were worried. This small number did not reveal instances of specific infection but rather an element of neurosis.’



RURAL HOUSING SURVEY

- Group 1 - Satisfactory in all respects
- Group 2 - With minor defects
- Group 3 - Requiring repair, structural alteration or improvements
- Group 4 - Unfit for habitation and beyond repair at reasonable cost

Note + year survey completed

Banbury		Bullington		Chipping Norton		Henley		Ploughley		Witney		Totals	
+1951	1960	+1953	1960	+1947	1960	+1950	1960	+1949	1960	+1953	1960		1960
609	1074	2702	2882	762	1334	1349	1890	886	2583	1210	1774	7518	11537
688	526	1729	2291	1467	1323	1223	541	1315	804	891	869	7313	6354
922	926	1780	1252	1282	1020	855	860	1113	96	2263	1751	8215	5905
827	323	534	67	400	56	55	43	453	83	300	180	2569	752
3046	2849	6745	6492	3911	3733	3482	3334	3767	3566	4664	4574	25615	24548

GENERAL HOUSING DATA

- Applicants for Council Houses
- Ex-Service hutments converted and in use as housing
- Ex-Service hutments not converted, but inhabited
- Cases of known overcrowding
- Caravans used for housing
  - (a) by Service personnel
  - (b) as permanent occupation
  - (c) for temporary occupation
- Total (a), (b), and (c)

PART VI  
RURAL HOUSING  
AND  
SANITARY CIRCUMSTANCES

Banbury	Bullington	Chipping Norton	Henley	Ploughley	Witney	Totals	
						1959	1960
180	732	490	249	309	390	2810	2350
-	2	-	-	-	4	20	6
1	-	1	-	-	-	2	2
not known	2	-	1	-	-	6	3
-	19	-	-	20	235	313	274
25	587	21	207	101	127	1121	1068
3	212	-	56	3	16	100	290
28	818	21	263	124	378	1534	1632



# ACTION UNDER HOUSING ACTS

	Banbury	Bullington	Chipping Norton	Henley	Ploughley	Witney	Totals	
							1959	1960
Houses within survey reconditioned or improved, informal action by owners	30	359	119	72	151	93	831	824
Houses within survey demolished, informal action by owners	-	6	-	-	-	-	7	6
Financial assistance towards housing:								
(a) Dwellings towards which advances for purchase have been made	33	35	7	32	66	88	251	261
(b) No. applications received for standard and improvement grants	56	94	66	64	60	138	415	478
Demolition Orders served	3	9	-	-	8	7	17	27
Demolition Orders outstanding:								
(a) Occupied premises	-	13	-	-	16	12	42	41
(b) Unoccupied premises	8	20	-	1	54	25	148	108
Undertakings accepted to make fit	4	1	-	-	1	12	2	18
Undertakings accepted not to use for human habitation	1	-	18	3	-	7	16	29
Undertakings outstanding	17	19	151	22	30	44	272	283
Houses demolished	17	3	3	6	16	14	33	59
Houses made fit	7	3	6	6	72	12	157	106
Houses acquired by local authority	-	-	-	-	-	-	8	-
Closing Orders made	20	-	-	1	1	15	37	37
Closing Orders outstanding	88	12	1	7	1	100	184	209

# PROVISION OF NEW HOUSING

	Banbury	Bullington	Chipping Norton	Henley	Ploughley	Witney	Totals	
							1959	1960
<i>By Local Authorities</i>								
Under construction	6	75	22	-	27	21	278	151
Completed 1960	32	74	77	26	28	72	107	309
Completed 1.4.45 to 31.12.60	586	1501	713	691	1173	1129	5484	5793
<i>By private builders</i>								
Under construction	78	143	22	102	295	212	731	852
Completed 1960	50	315	24	139	201	70	639	799
Completed 1.4.45 to 31.12.60	306	1472	269	1051	1556	464	4319	5118

# SANITARY CIRCUMSTANCES OF THE AREA

Rural Water Supplies and Sewerage Acts, 1944 - 1955

Public Health Act, 1936, Section 307

For purpose of observation and contribution under the above Acts, ten sewerage and sewage disposal schemes, to the value of £651,125, and eight main water supply schemes, to the value of £242,148, received technical consideration and were duly reported upon. Two sewerage and sewage disposal schemes were referred back to the submitting district council for further consideration.

# PART VII FOOD AND DRUGS

## FOOD AND DRUG ACTS, 1955

### MILK AND DAIRIES

The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 - 1953

The Milk (Special Designation) Regulations, 1960

### PASTEURISED MILK

Nine dairies are licensed by the County Council to pasteurise milk. From these dairies 862 samples of heat-treated milk were obtained to check compliance with the legal requirements.

#### SAMPLE SUMMARY

	Passed	Failed	Invalid	Total
Methylene blue test (for keeping quality)	615	2	245+	862
Phosphatase test (for effectual pasteurisation)	858	3*	1	862

+ Due to overnight temperature at which these samples have to be kept prior to examination exceeded 65° F.

\* These failures occurred from a holder pasteuriser. As soon as a failure is reported the County Public Health Officer visits the dairy to ascertain the cause and see that the defect is put right.

### MILK BOTTLE AND CHURN CLEANLINESS

No legal bacteriological standard exists for the cleanliness of milk receptacles, but the Public Health Laboratory Service have an agreed classification. Receptacles examined gave the following results in accordance with this classification.

	Bottles	%	Churns	%	Churn lids	%
Satisfactory	56	72	52	72	49	68
Fairly satisfactory	6	7	2	3	6	8
Unsatisfactory	2	3	6	8	9	12
Invalid	14	18	12	17	8	11
Total	78		72		72	

% are approximate

### SCHOOL AND CHILDREN'S HOMES MILK SUPPLIES

Of the 254 schools receiving school milk, only two are supplied with tuberculin tested milk; the remainder all have pasteurised milk.

There are 55 approved suppliers of school milk. Fifty-four supply pasteurised milk obtained from eighteen different pasteurising dairies, nine of which are outside the County. The remaining supplier is a farmer who supplies farm bottled TT milk.

Ninety-six samples of milk were taken, 91 of which were satisfactory. Of the five unsatisfactory samples, four failed the Methylene blue test and one the Phosphatase test; these samples came from supplies pasteurised outside the County.

### BIOLOGICAL EXAMINATION OF MILK

Thirty-seven samples of tuberculin tested milk, mainly obtained from farm bottled retailed sales, were, on biological examination, found negative to bovine tuberculosis and *Brucella abortus*.

### BRUCELLOSIS

During the year the Public Health Laboratory Service examined 1135 samples of blood sera from pregnant women; 18, or 1.6%, gave a positive agglutination to *Brucella abortus*.

Past and present milk supplies consumed by these patients were ascertained and investigated as far as practicable.

In addition to the above, 1134 samples of milk, largely obtained from churn supplies forwarded to pasteurising dairies, were examined specifically for *Brucella abortus*. These samples were first 'screened' by the ring and whey tests, positives to these tests being submitted to biological examination. 239 farms were tested in this way; 27 proved biologically positive to *Brucella abortus*, but 16 of these samples came from farms situated outside the County.

When an infected herd is found the farmer is advised to consult his veterinary surgeon, and the district medical officer is informed. The herd is followed up and, in co-operation with the veterinary surgeon, infected cows are traced. In most cases these animals are 'dried off' and sent for slaughter.

### SPECIFIED AREAS

The whole of the County is covered by a number of Specified Area Orders. A general supervisory action is maintained, and during the year two infringements were found.

In one case a dairyman had re-capped some bottles of pasteurised school milk with caps indicating that the milk was tuberculin tested. In the second case a producer-retailer was selling through an automatic milk vending machine cartons of milk described as tuberculin tested, when in fact the producer-retailer was without a licence from the Ministry of Agriculture, Fisheries and Food to designate the milk as such.



PART VIII  
SCHOOL HEALTH SERVICE

THE HEALTH OF SCHOOL CHILDREN IN OXFORDSHIRE

The reports from the school medical officers emphasise the good health of school children throughout the County. As might be expected, the relatively few children who are found at routine inspections to need treatment usually come from families who prefer not to seek medical advice in spite of the combined efforts of doctors and health visitors.

As mentioned in previous reports, by far the greatest problem in the health of the school child is the extent of dental decay even in young children. Reference to this is made by Mr Rodgers, the Principal School Dental Officer, in his section of the report. It is worth while considering here what useful measures can be taken by the school staff in helping to limit the spread of dental disease, and so easing the burden on the limited numbers of dentists who are available. In particular, consideration should be given to restricting the sales of biscuits, sweets and sticky foodstuffs at school tuck shops. It is appreciated that these tuck shops help to supplement school funds, and it may be considered impracticable to advocate that they should be abolished. Nevertheless it is worth reporting that one school has in fact closed its tuck shop for health reasons, and immediately both the headmaster and the canteen supervisor noticed how much better the children were finishing up their meals! Where it is considered essential to maintain tuck shops every effort should be made to provide fresh fruit for the children. If other items have to be sold, then nuts, raisins and potato crisps will do far less harm than sticky sweets, cakes and sugared confectionery.

On the subject of nutrition, it is relevant to point out that so few children today are undernourished that this condition is notable for its rarity. Much careful thought is given by dieticians and canteen staff to ensure that all school children receive good wholesome meals which are altogether adequate for their needs. Yet I am informed by doctors and teachers that some parents send their children to school with unnecessary foodstuffs, and sometimes with packed lunches. Last year I had cause to refer to the increase in the numbers of children who were found to be stout and overweight. They are generally only children. Obesity can be as harmful as undernourishment; and if teachers can discourage parents from sending children to school with unnecessary and possibly harmful foods, then it will be greatly to the advantage of the children concerned.

It is gratifying to find that a considerable number of school doctors refer to the benefits which result from remedial exercises. There can be little doubt of the value of these exercises; in particular the breathing exercises which are given to children who are asthmatic or poorly developed. School doctors still report on the adverse effects of unsuitable footwear, particularly in teenage girls, and publicity is needed to encourage the use of better shoes and healthy habits. Reference to the report of the school physiotherapists indicate that this, in fact, is now

starting. Defects of the feet are more common in girls than in boys. The figures from other areas indicate that these defects are three times more common amongst schoolgirls in junior schools, and five times more common amongst senior schoolgirls, than in infants schools. It would help to promote the health of schoolgirls if sensible shoes formed part of the school uniform.

Outbreaks of infections in schools during the year have presented administrative rather than health problems. In the summer there were considerable numbers of children infected with dysentery, especially in the south of the County. Unfortunately the speed at which this infection spreads is so rapid that preventive measures seldom seem efficacious. Towards the end of the year there were several cases of infective hepatitis at Woodeaton Manor School which curtailed activities and extended the holiday period.

The evidence available suggests that the incidence of acute rheumatic fever in children is increasing. This infection is referred to under Section V, but it is relevant to note here that a prolonged illness of this nature probably means that the help of an occupational therapist and home teacher are needed for the afflicted child.

Several large-scale investigations had to be undertaken in schools and colleges following notifications of cases of tuberculosis. It is gratifying to report that the results indicated that in no instance had the infection spread to other pupils or staff. BCG vaccination of school children was continued throughout the year despite the shortage of medical staff.

Children with partial hearing loss have continued to attend the Partially Deaf Units in Oxford. These special day units are of the greatest value in allowing handicapped children to receive their education like their more fortunate fellows. Transport facilities are provided, where necessary, and the appreciation of parents of the service is shown by the fact that two families have moved house in order to live nearer to Oxford for the sake of their children's education.

In conclusion it gives me pleasure to report that many school doctors draw attention to the co-operation they have received from teachers and health visitors in the routine examinations of school children. Such close and informal co-operation is very helpful to the smooth running of the service. In the future it may well be that routine examinations conducted at infrequent intervals in the child's school career will be replaced by more frequent selective examinations of those children whose health is thought to warrant closer supervision. This is a policy which will have to be developed slowly, but it is hoped that a start will be made in the Chipping Norton area. It will be of great interest to see if this new approach, more in keeping with facilities available under the National Health Service and the Welfare State, will be found to provide advantages over the existing system, which has stood the test of time over the last half century.



## SCHOOL HEALTH SERVICE

### COMMITTEE AND STAFF

#### SPECIAL SERVICES BOARD OF THE EDUCATION COMMITTEE

J.A. Fenemore, Esq ( <i>Chairman</i> )	Lt Col The Rt Hon Lord Saye and Sele, MC	
Brig. R.J. Brett, DSO	C.J. Peers, Esq	Mrs M.H. Hichens, CBE
E. Clothier, Esq, B Sc	The Revd J. Roddy	Mrs W.D. de Pass
Mrs P. MacDougall	H. Osborn, Esq, MBE	W.G. Bayley, Esq
C. Hunt, Esq	G.E. Woodward, Esq	Major Gen. H.R. Lambert, CBE, DSC
Brig. F.R.L. Goadby, OBE (resigned Sept. 1960)	(appointed Sept. 1960)	

#### STAFF OF SCHOOL MEDICAL SERVICE, 1960

*Principal School Medical Officer* M.J. Pleydell, MC, MD, DPH

*Deputy Principal School Medical Officer* I.B. Sutherland, MB, ChB, DPH  
(resigned 30.4.60)  
J.A.G. Watson, MB, BS, DPH  
(appointed 11.7.60)

*Assistant School Medical Officer* I.M. Marshall, MB, ChB  
(*Handicapped Pupils*) (resigned 30.11.60)

#### *General Practitioners who act as School Medical Officers*

Dr D.C. Harris	Dr R.G. Eager	Dr F.J.S. Chapman
Dr M.B. Noble	Dr J. Borrie-Harris	Dr H.F. McCabe
Dr G.L. Stroud	Dr F.J. Monk	Dr F.A. Bevan
Dr Anne Davies	Dr F.E. James	Dr A. Sharman Beer
Dr R.G.P. Almond	Dr D. Richardson	Dr J.W. Bullen
Dr M.A. Slee	Dr G.D. Bolsover	Dr T. Cocks
Dr A.J. Campbell	Dr L.J. Timings	Dr T.D. Thorne
Dr N.J.P. Hewlings	Dr P.M.M. Pritchard	Dr E. Herrin
Dr W. Dickson	Dr J.B. Gleeson	Dr C.W. Stringfellow
Dr A.P. Millar		

*Principal School Dental Officer* W.J. Cook, LDS, RCS (resigned 15.5.60)  
J. Rodgers, DFM, LDS, FFPs (appointed 16.5.60)

#### *School Dental Officers*

Mrs L. Stolarow, DAS J.P. Bolte, LDS  
W.G. Griffith-Williams, LDS H.L. Davies, LDS, RCS (appointed 14.11.60)  
W.J. Cook, LDS, RCS (part time - appointed 16.5.60)

#### *Superintendent of School Nurses*

Miss E. Richards, SRN, SCM, MTD, HV Cert, QNS

#### *Deputy Superintendent of School Nurses*

Miss Clara E. Henry, SRN, SCM, MTS, HV Cert

#### *School Nurses/Health Visitors*

Thirty-one

#### *Educational Psychologists*

Miss M. Markham, BA Mrs M.J. Scott-Blair (part-time)

#### *Speech Therapists*

Miss E.M. White, LCST (resigned 8.7.60) Miss J. Ash, LCST (appointed 1.9.60)  
Miss B.M. Thompson, LCST (resigned 6.8.60) Mrs M. McConnell, LCST (appointed 1.9.60)

#### *Physiotherapists*

Miss H. Munns, MCSP Miss M. Dunford, MCSP (part-time)  
Miss M.J. Bouch, MCSP (part-time) Miss C. Tudor Evans, MCSP (part-time)



# STATISTICS

## Return of Medical Examinations for the Year ended 31st December 1960 (including Banbury Borough)

### ROUTINE MEDICAL EXAMINATIONS

Number of Code Group Examinations	1959	1960
Entrants	3554	3743
Second age group	2454	2534
Third age group	1718	1803
Total	7726	8080
Number of other periodic examinations	84	111
Grand total	7810	8191

### OTHER EXAMINATIONS

Number of special examinations	1043	989
Number of re-examinations	1387	1491
Total	2430	2480

## A - Return of defects found by medical examination in the year ended 31st December 1960

(1)	(2)	(3)	(4)	(5)
	<i>Periodic examinations</i>		<i>Special examinations</i>	
<i>Defect or disease</i>	<i>Number requiring treatment</i>	<i>Number requiring to be kept under observation but not requiring treatment</i>	<i>Number requiring treatment</i>	<i>Number requiring to be kept under observation but not requiring treatment</i>
Skin	52	55	5	3
Eyes - Vision	434	225	113	24
Squint	59	44	1	-
Other conditions	25	21	9	3
Ears - Defective hearing	41	63	6	3
Otitis media	18	51	1	-
Other ear diseases	24	18	14	4
Nose and throat	141	331	18	16
Speech	71	66	9	9
Lymphatic glands	3	67	-	1
Heart and circulation	10	72	1	1
Lungs	21	101	5	6
Developmental - Hernia	7	9	1	-
Other	13	67	-	-
Orthopaedic - Posture	121	126	15	22
Flat foot	133	148	23	9
Other	91	151	11	14
Nervous system - Epilepsy	3	14	-	-
Other	2	25	1	3
Psychological - Development	5	49	5	-
Stability	3	53	1	-
Abdomen	8	19	2	2
Other	61	88	56	24

## B - Classification of the nutrition of children examined during the year in the routine age groups

<i>Age groups</i>	<i>Number of children inspected</i>	<u><i>Satisfactory</i></u>		<u><i>Unsatisfactory</i></u>	
		<i>Number</i>	<i>%</i>	<i>Number</i>	<i>%</i>
Entrants	3743	3712	99	31	.99
Second age group	2534	2510	99	24	.8
Third age group	1803	1784	99	19	1.05
Other periodic inspections	111	108	97.3	3	2.7
Total	8191	8114	99.06	77	.94

C - Number of individual children found at routine medical examination to require treatment (excluding uncleanliness and dental disease)

(1) Group	(2) For defective vision (excluding squint)	(3) For all other conditions recorded in table A	(4) Total
Prescribed groups			
Entrants	191	472	616
Second age group	152	295	408
Third age group	<u>91</u>	<u>171</u>	<u>231</u>
Total (prescribed groups)	434	938	1255
Other periodic examinations	<u>21</u>	<u>27</u>	<u>41</u>
	<u>455</u>	<u>965</u>	<u>1296</u>

RETURN OF DEFECTS TREATED DURING YEAR ENDED 31<sup>st</sup> DECEMBER 1960

DEFECTIVE VISION AND SQUINT

(excluding minor eye defects treated as minor ailments)

Defect or disease	Number of cases treated
Errors of refraction (including squint)	1534
Total number of children for whom spectacles were prescribed	839

TREATMENT OF DEFECTS OF EAR, NOSE AND THROAT

Defect or diseases	Number of cases treated
Received operative treatment	
(a) for diseases of ear	8
(b) for adenoids and chronic tonsilitis	315
(c) for other nose and throat conditions	24
Received other forms of treatment	<u>73</u>
Total	420

UNCLEANLINESS AND VERMINOUS CONDITIONS

1. Number of children found unclean	113
2. Number of individual pupils in respect of whom cleansing notices were issued	2
3. Number of individual pupils in respect of whom cleansing orders were issued	None

HANDICAPPED PUPILS IN SPECIAL SCHOOLS

Category	In special schools	Awaiting vacancies	Home tuition and tuition in hospitals	In hospitals schools	Total	Dis- charged	New cases ascertained in 1960
a) Blind	7	2	-	-	9	-	2
b) Partially sighted	3	-	-	-	3	-	-
c) Deaf	6	2	-	-	8	1	2
d) Partially deaf	Residential 4 Day P-DUnit 8	2	3	-	17	-	4
e) Educationally subnormal	Woodeaton 55 Manor 47 Out County 25 Day Special 25 Special 42 classes	8 2 - 2	-	-	181	22	26
f) Epileptic	2	1	-	-	3	-	2
g) Maladjusted	Hostel 8 Schools 18 Day special 2	-	-	-	28	5	7
h) Physically handicapped	Day 17 Boarding 4	3	8	-	32	1	4
i) Speech	-	1	-	-	1	-	1
j) Delicate	Boarding 6 Day 2	-	5	-	13	5	7



### HANDICAPPED PUPILS

*Blind* - Two pupils have been certified as blind. The Authority has four pupils in residential schools for the blind.

*Partially sighted* - No new case has been reported and no pupils were admitted to special schools. Three partially sighted pupils are now in special schools.

*Deaf* - Two new cases were assessed during the year. At the end of the year six pupils were receiving education in boarding schools for the deaf.

*Partially deaf* - Four children were ascertained as partially deaf, and are now receiving education in special schools.

Eight children attended the clinic for young deaf children in Oxford.

*Delicate* - Seven new cases were reported and two admissions to special schools were arranged. At the end of the year eight pupils were in attendance at special schools.

*Physically handicapped* - Four new cases were reported and two were admitted to special schools. At the end of the year 21 physically handicapped pupils were receiving special educational treatment.

*Educationally subnormal* - Twenty-six children were assessed as requiring education in special schools; 22 were so placed. A total of 127 children are now in day or boarding schools.

*Maladjusted* - Nine pupils were placed in hostels or boarding special schools. On 31st December eight children were attending hostels and 20 were attending special boarding schools.

*Epileptic* - Two epileptic children are being educated at boarding special schools.

*Tuberculosis* - Four cases of respiratory tuberculosis were notified. The ages of the children affected varied from 5 to 14.

In 1960 five surveys were undertaken in schools following notification that either a teacher or a pupil had contracted tuberculosis. Two were county schools - a grammar school and a primary school -, two were private schools and one a training college which requested the help of the Health Department. No cases of active infection were ascertained as a result of these surveys.

*BCG Vaccination* - Consent for Mantoux testing and vaccination was returned for 2618 children, which represents an acceptance rate of 86%. 453 children tested were Mantoux positive, a rate of 17%. The number vaccinated was 2079.

*Minor ailments* - A Minor Ailments Clinic is held daily at the Banbury Clinic. During the year 73 cases attended at the clinic.

### MEDICAL EXAMINATION OF TEACHERS

Since 1st April 1952 all teachers entering the profession and all candidates entering training colleges must have a satisfactory medical examination. During 1960 37 teachers and 61 entrants to training colleges were examined.

### MEDICAL EXAMINATION OF CHILDREN IN PART-TIME EMPLOYMENT

Fifty-six school children who were in part-time employment were examined by the school medical officers. In no case was it considered that such employment would be prejudicial to the health of the children.

### SPEECH THERAPY

During the year Miss E. White left in order to emigrate to Canada and Miss B. Thompson in order to get married. Their positions were taken by Mrs M. McConnell and Miss Joan Ash.

In the north of the County most of the work is carried out in schools. Thirty-nine of the 135 schools in north Oxfordshire have been visited regularly. Even with so small a proportion, the case-load is so large and complex that only twenty schools are visited weekly. The remainder are visited at fortnightly or less frequent intervals. The distances travelled are considerable.

At present there are over 146 children under treatment. 123 are seen regularly; the rest have been visited once or twice, and are kept under review. A few receive treatment at home.

There was no waiting list at the end of the year, but this may be misleading. When a child is referred, it is the therapist's policy to visit as soon as possible, and give what immediate help she can. In the present circumstances it is often impossible to follow this up adequately, and many children do not receive the further help they need.



Children treated at schools are seen individually for an average of 10 to 20 minutes. Sometimes it is possible to form a group if a number of children have the same disability, are near enough in age, and have reached the same point in treatment; but this does not often occur.

If the few minutes treatment at weekly or longer intervals are to benefit the child, it is essential that the work is continued between the therapist's visits. With this in view, each child is given a small book in which the week's practice is noted. It will be readily appreciated that the help of parents and teachers in the carrying out of this practice is of the utmost importance.

The therapists would like to thank all teachers who do help in this way, and also the head teachers who provide accommodation in very difficult circumstances. The shortage of space in schools needs no emphasis, but one must refer to the inadequacy of the accommodation available since privacy and quiet are so essential in the treatment.

While co-operation between teachers and therapist is valued, it is felt that at present too little is seen of the parents. The first step in effective treatment should be an interview between parent and therapist in which a case history is taken and a relationship established. In the majority of cases this is not done and many parents are not seen at all. This is not only bad therapy, but also denies the parent's rightful authority and responsibility. The therapist does visit homes after school hours and in the school holidays, but this is not sufficient, and she is now taking time out of school hours to do more home visiting.

A clinic is held in Banbury once a week, and the Hospital Car Service provides transport for children living in remote areas. The speech therapist also visits the Training Centre at Witney.

One boy with a severe and unusual type of speech defect has been referred to Moor House Residential School for Speech Defective Children.

The opportunities which have been made available at the Radcliffe Infirmary and the Churchill Hospital for discussion of cases and observation of work are greatly appreciated.

Statistics for the south of the County are as follows:

Number of children who have received regular treatment	161	Number discharged during the year	
New admissions	97	With normal speech	51
Number awaiting treatment	8	Left district or school	22

Types of defect of children treated:

Dyslalia	113	Interdental sigmatism	5	Hard of hearing	2
Stammer	18	Cleft palate	2	Alalia	2
Lateral sigmatism	9	Spastic	1	Stood down	10

Statistics for the north of the County are as follows:

Children who received treatment during 1960	201
Of these: New admissions were	74
Discharges	46
Death	1

Types of defect of children treated:

Alalia	5	Dyslalia	111	Retarded speech	18
Articulatory dyspraxia	4	Dysphasia	3	Sigmatism, interdental	9
Cleft palate	5	Hyper hinophonia	3	Sigmatism, lateral	6
Dysarthria	2	Puberphonia	1	Sigmatism, nasal	1
				Stammer	33

# CHILD GUIDANCE AND SCHOOL PSYCHOLOGICAL SERVICE

There are now five full-time remedial teachers of reading in the County, and a sixth who does morning work in charge of a special class at Dorchester Abbey and afternoons in the neighbouring primary schools. This means that the central area of the County is now partially covered.

The following table gives an account of the work done by the educational psychologists (1 full-, 1 part-time) in the schools. In addition 65 new children were seen for the Child Guidance Clinic, and 240 school and home visits were paid.

Time is also given to the supervision of the classes for educationally subnormal children at Witney Secondary Modern School, Bicester Junior Class, and Dorchester Abbey. Visits are paid regularly to Woodeaton to assist the Principal School Medical Officer in the transfer of children to senior ESN schools.

Three boys were given individual help in reading.

Non-Clinic cases Sources of referrals	<i>Problem</i>	Physically handicapped	Difficult behaviour	Reading	General backwardness	I Q, school placement, vocational guidance	I Q and psychological reports	Delinquency	TOTALS
Head teachers			12	14	86	124			236
Advisory and remedial teachers		1	1		1	7			10
SMO Health visitors Speech therapist		2			4	21			27
Hospitals and private doctors			1		1	2			4
Parents and guardians					1	4			5
Other agencies		1	1		1	9	1		13
Children's Officer			3			28			31
CGC for retest							11		11
Referred by Courts to remand home								121	121
TOTALS		4	18	14	94	195	12	121	458

Non-clinical: Age range 4 years 3 months  
to 17 years 2 months  
I Q range 40 - 128

Clinic: Age range 4 years 2 months  
to 15 years  
I Q range 57 - 141

Dr C. Ounsted, the consultant child psychiatrist, has contributed the following:

The Child Guidance Service of the County continues to be organised as in previous years. The figures show an unchanged pattern of work and referrals.

The work of Bodicote Lawn Hostel continues to be outstanding in its therapeutic efficiency. Miss Harnett has continued as play-therapist, Mrs Scott-Blair and Miss Markham as educational psychologists, and Miss Williams as psychiatric social worker. Mrs Rogosa, an American psychiatric social worker, worked with us for four months in the summer and was very welcome to our Service.

Number of cases under active management at 1.1.60	152
New cases opened during 1960	81
Referrals withdrawn before being seen at the Clinic	16



## NEW CASES

Clinic cases (total number)	81
Sex of clinic cases	Boys 61 Girls 20

Age range of clinic cases (see table)

I Q range of clinic cases (see table)

Source of referral (see table)

Geographical origin (breakdown of new cases as to clinics)

<u>Oxford</u>	<u>Banbury</u>	<u>Witney</u>	<u>Henley</u>	<u>Bicester</u>	<u>Total</u>
35	16	11	7	12	81

Number of cases closed during 1960 68

Reasons for closure (see table)

Number of diagnostic and therapeutic 'sessions' held by clinic staff:

Psychiatrists 400 Educational psychologist 65

Psychiatric social worker 1083 Play-therapist 196

Number of cases under active management at 31.12.60 143

Seen by psychiatrist and psychiatric social worker 4

Seen by play-therapist and psychiatric social worker 13

Placed in schools and hostels for maladjusted 14

Seen by educational psychologist 2

Seen by psychiatrist and educational psychologist 3

Seen by psychiatrist, educational psychologist, and  
psychiatric social worker 105

Seen by educational psychologist and psychiatric  
social worker 2

Total 143

### Sources of Referral 1960

Head teacher	18
School doctor	4
Family doctor	13
Parents	11
Health visitor	2
Probation officer	2
Children's officer	15
Others	14
School welfare officer	2
	<u>81</u>

### Reasons for Closure of Cases 1960

Relieved	13
Improved	16
Unco-operative	14
Left district	7
Transferred to other agencies	7
Advice only	11
	<u>68</u>

### Age Range of Clinic Cases 1960

2 - 3 years	2	10 - 11 years	13
3 - 4 years	2	11 - 12 years	10
4 - 5 years	-	12 - 13 years	7
5 - 6 years	4	13 - 14 years	10
6 - 7 years	3	14 - 15 years	9
7 - 8 years	10	15 - 16 years	1
8 - 9 years	4	16 - 17 years	-
9 - 10 years	5	17 - 18 years	1
Total	81		

### I Q Range of Clinic Cases 1960

40 - 54	-	100 - 104	9
55 - 59	2	105 - 109	6
60 - 64	1	110 - 114	6
65 - 69	2	115 - 119	2
70 - 74	3	120 - 124	2
75 - 79	5	125 - 129	-
80 - 84	6	130 - 134	-
85 - 89	4	135 - 139	1
90 - 94	8	140 - 144	1
95 - 99	9	145 - 149	1

In circular 3/59 the Ministry recommended that arrangements should be made for members of the child guidance team to advise the medical and nursing staff of child welfare clinics on problems of emotional development and behaviour difficulties in mothers and young children.

The system in Oxfordshire whereby medical practitioners are appointed as medical officers to the clinics means that, as a rule, the family doctor sees the mother and her children in the clinic, at the school and in the home. This arrangement is obviously of very great help in determining the different factors which may lead to emotional disorders. Cases which present special problems are referred either to one of the clinics or to the children's psychiatric unit. Shortage of staff restricts advisory visits to the clinics themselves, many of which - as can be seen in the section on maternity and child welfare - are in the nature of small clubs serving a valuable health and social function.



## DENTAL SERVICE

Mr J. Rodgers, Principal School Dental Officer, reports as follows:

In May 1960 Mr W.J. Cook, the Principal Dental Officer, resigned. Mr Cook, who had been with the County since 1922, spent many of these years as Principal Dental Officer. He had seen the school dental service beset with many difficulties. The shortage of modern equipment in early years gave way to the even graver misfortunes of the present day, shortages of staff and the problem of dealing with dental decay in epidemic proportions. It is to be hoped that Mr Cook's retirement will be an enjoyable one. We are happy to retain his services as part-time dental officer.

In October we obtained the services of another dental officer and the ratio of dental officers to children at the end of the year was 1:5000. This is a considerably poorer ratio than that recommended by the Ministry of Education, which is 1:3000, and which is itself far from ideal. The average age of dental officers employed by the County is 59 years, and with the present scarcity of young dental officer recruits to the Public Health Service, the future gives cause for anxiety.

The year 1960 saw some landmarks for the County dental service. The second mobile dental clinic was brought into operation in October. This well-designed clinic is equipped with air turbine and X-ray, and is comfortable for children and dentist alike. Late in the year a consultant anaesthetist was engaged for extra general anaesthetic cases and preparations were made for orthodontic sessions in the Witney area.

What then are our problems? The main problem is dealing with the exceptionally high rate of dental decay. The great majority of children in the County suffer from it - indeed there is a danger that we accept the situation as normal. It is all the more tragic when it is realised that dental decay is almost completely preventable. To prevent a disease which causes suffering, loss of teeth, disfigurement, and bad health is a laudable ambition for all. Whilst modern equipment is of great benefit to both dentist and patient, its benefits must not blind us from the fact that the rate of decay is greater than ever.

Prevention of dental caries then is our aim. Parents, teachers, health visitors and dental officers, indeed the community at large, must play a much greater part in promoting dental health. Schools should discourage the indiscriminate eating between meals of biscuits, sweets and lollies in school time. Health habit teaching must be an integral part of school life if we are to be successful. Despite this parents must realise that they have the prime responsibility for the dental care of their children.

Are the measures which must be taken to ensure health for our children beyond us as a County, or indeed as a nation? I do not think so. If we control eating between meals, and train children in sound methods of oral hygiene, we will have made real progress. These two measures plus the use of fluoride would reduce the present tragic rate of decay and give us happier and healthier children.

### DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY

1. Number of pupils inspected by the Authority's Dental Officers:	
(a) At periodic inspections	19,353
(b) At specials	<u>3</u>
Total (1)	<u>19,356</u>
2. Number found to require treatment	11,619
3. Number offered treatment	11,147
4. Number actually treated	5,479
5. Number of attendances made by pupils for treatment	6,600
6. Half days devoted to:	
Periodic (school) inspection	227
Treatment	<u>1,168</u>
Total (6)	<u>1,395</u>
7. Fillings: Permanent teeth	6,150
Temporary teeth	<u>447</u>
Total (7)	<u>6,597</u>
8. Number of teeth filled: Permanent teeth	5,049
Temporary teeth	<u>380</u>
Total (8)	<u>5,429</u>

9. Extractions: Permanent teeth	800
Temporary teeth	<u>2,594</u>
Total(9)	<u>3,394</u>
10. Administration of general anaesthetics for extraction	200
11. Orthodontics: (a) Cases commenced during the year	3
(b) Cases carried forward from previous year	12
(c) Cases completed during the year	12
(d) Cases discontinued during the year	-
(e) Pupils treated with appliances	9
(f) Removable appliances fitted	5
(g) Fixed appliances fitted	4
(h) Total attendances	48
12. Number of pupils supplied with artificial dentures	3
13. Other operations: Permanent teeth	460
Temporary teeth	<u>1,600</u>
Total (13)	<u>2,090</u>

### PHYSIOTHERAPY CLINICS

The appointment of Miss Tudor Evans to the staff in September has enabled all concerned in remedial exercise work with children in the schools and at home to give more adequate attention to those requiring treatment. Since she had had previous experience in this field, she was able to take over a full timetable with confidence.

From January to July many children were visited only once a term, but since September all schools where there are approximately five children or more in need of treatment have had fortnightly visits. Asthma clinics are held weekly, and schools where the numbers are small receive either monthly or twice-termly visits. Most of the more seriously handicapped children who are treated at home receive visits more often than was possible before, and earlier in the day. This has resulted in a better response from them.

Time will now be available for more frequent attendance at medical inspections, when the need arises, to discuss a child's progress with the School Medical Officers.

A number of hospitals have been visited during the year and contact with the Brompton Hospital, London, has been renewed. The Physiotherapy Departments of the Nuffield and Churchill Hospitals, Oxford, have given a warm welcome to members of the Schools' Physiotherapy staff.

In January 1960 Miss Dunford and Miss Munns attended a three-day course arranged by the Physical Education Association of Great Britain and Northern Ireland on 'Physical Education in Relation to the Development and Health of the School Child'. They found it interesting and stimulating, especially the attempt to apply the principles of modern educational gymnastics to remedial work.

Towards the end of the year a film strip was purchased called 'Shoes and your feet'. So far this has been shown to only one group of secondary schoolchildren. They were very interested in the photographs and diagrams showing the structure and use of the feet and the points necessary to consider when buying a pair of shoes.

Two lectures were given to the student health visitors in January on all aspects of our work.

### SUMMARY OF DEFECTS

Total number of children treated	1831	Parents present at clinics	457
Posture	491	Parents who refused treatment	2
Feet and knees	1159	Children withdrawn before	
Respiratory	181	completion of treatment	2
Special difficulties	16	Children discharged	337

## SCHOOL SWIMMING BATHS

Seven schools have learner swimming baths, and two other schools baths are under construction.

Existing baths operate on the 'fill and empty system' with non-mechanical chlorination of the water, except for one of the smaller baths where there is continuous re-circulation of the bath water (with the sterilising agent).

Although it is desirable that all baths should be provided with mechanical means for continuous filtration and chlorination of the water, experience has shown that by frequent changing of the water, together with careful attention to chlorination, a good bacteriological standard can be maintained. All schools have a simple apparatus for checking the chlorination, and regular bacteriological sampling is undertaken.







